

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
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95 MAY -1 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # K32554 (3)

1. Corporation Name
REGENT INTERNATIONAL, INC.

Principal Place of Business Mailing Address

2801 S. BAYSHORE DR. SUITE 100 COCONUT GROVE, FL. 33133

2801 S. BAYSHORE DR. SUITE 100 COCONUT GROVE, FL. 33133

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report

09/08/1988 04/20/1994

4. FEI Number Applied For

65-0080723 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

E.H.G. RESIDENT AGENTS, INC
2801 S. BAYSHORE DR.
SUITE 1225
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when registering

12. OFFICERS AND DIRECTORS

TITLE D
NAME ~~XXXXXXXXXXXXXXXXXXXX~~ HUBBARD, ANDREW R.
STREET ADDRESS ~~XXXXXXXXXXXXXXXXXXXX~~ 40 PERDU ST
CITY - ST - ZIP ~~XXXXXXXXXXXX~~ MIAMI, FL 33133

TITLE D
NAME ~~XXXXXXXXXXXXXXXXXXXX~~ BAZIER, CLIFFORD J.
STREET ADDRESS ~~XXXXXXXXXXXXXXXXXXXX~~ 918 MADRID ST.
CITY - ST - ZIP ~~XXXXXXXXXXXX~~ CORAL GABLES FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE Financial Controller Change Addition
1 2 NAME Bruno Serventi
1 3 STREET ADDRESS 9345 SW, 73rd Road
1 4 CITY - ST - ZIP Miami, FL 33156

2 1 TITLE Change Addition
2 2 NAME Judy Serventi
2 3 STREET ADDRESS 9345 SW, 73rd Road
2 4 CITY - ST - ZIP Miami, FL 33156

3 1 TITLE Change Addition
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY - ST - ZIP

4 1 TITLE Change Addition
4 2 NAME
4 3 STREET ADDRESS 700001489907
4 4 CITY - ST - ZIP -05/17/95--01016--020
****225.00 ****225.00

5 1 TITLE Change Addition
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP

6 1 TITLE Change Addition
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: CLIFFORD J BRAZIER
PRESIDENT

5/5/95 (305) 854-2210