

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Dorinda B. Matthews
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K96859**

(9)

1. Corporation Name

PGF INTERNATIONAL, INC.

Principal Place of Business

**% JOHN DEMETER
2904 BISCAYNE BLVD.
MIAMI FL 33137**

Mailing Address

**% JOHN DEMETER
2904 BISCAYNE BLVD.
MIAMI FL 33137**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated in Quoted State **06/20/1989** 3a. Date of Last Report **07/20/1994**

4. FEI Number **65-0399802** Applied For ☐ 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 timely filed intangible tax under 6-19F(1)(2) Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21. State Apt. #, etc.

22. City & State

23. Zip

2a. Mailing Address

26. State Apt. #, etc.

27. City & State

28. Zip

9. Name and Address of Current Registered Agent

**DEMETER, JOHN
2904 BISCAYNE BLVD.
MIAMI FL 33137**

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 this 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

(Signature of Registered Agent or Director)

(Signature of Registered Agent or Director)

12. OFFICERS AND DIRECTORS

1. TITLE	D
2. NAME	DEMETER, JOHN
3. STREET ADDRESS	2904 BISCAYNE BLVD
4. CITY, ST, ZIP	MIAMI FL
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this form is truthfully furnished and complete and equally for the information stated in Section 607.0502, 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 and signed by the officer or officers of the corporation. I understand that the information provided on this report is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 is changed, or corrected, in accordance with the address.

SIGNATURE:

SIGNATURE AND TYPE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/95