PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # M08586

1. Corporation Name

R.R.G.L. CORPORATION

## FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90002 049 \*\*\*150.00

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Principal Place	of Business	Mailing Address				7	f immibilit ist motot illiat mitor (	INITE OFFICE WINDS	81811 BEBTI BIBII	Bibit othit ikili
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2 Principal P	lace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·				I Number		TA	pplied For
21	Acc of Busilioss	26				l N	OT APPLICABLE			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					ertificate of Status Desired		\$8.75	Additional
22		27				3. CE	stilicate of Status Desired		Fee R	equired
City & State	e	City & State	_			6. Ele	ection Campaign Financing			May Be
23		28				Tn	ust Fund Contribution		Added	to Fees
Zip	Country	Zip	Cou	ntry			nis corporation owes the cur	Tent year in	tangible Yes	□No
24	25	29	30				ersonal Property Tax. ame and Address of New	Pagistared		LINO
	9. Name and Address of Curren	t Registered Agent	-	81	Name	10. No	ame and Address of New	Kedisteren	Agent	
PER	ez, armando					_				
	53 SW 29 ST			82	Street Addre	ess (P.O.	Box Number is Not Accept	table)		
	MI FL 33165			83						
	VIII 1 2 3 3 1 3 3									
				84	City			FL	85 Zip	Code
11 Pursuant	to the provisions of Sections 607.050	2 and 607 1508 Florida Statut	es, the al	oove-	named corpo	oration su	ubmits this statement for the	e purpose of	changing it	s registered
office or r	ogistered agent or both in the State (	of Florida. Such change was a	uthonzed	DV II	he corporation	n's board	d of directors. I hereby acce	ept the appo	intment as r	egistered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Fig	nua Statt	nes.						
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE	Registered	Agent s	signature required	d when reins	tating)	DATE		
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE	Registered	Agent s	signature required		tating) DITIONS/CHANGES TO O		ND DIRECT	ORS IN 12
					signature required				ND DIRECT	
12.	OFFICERS AN	D DIRECTORS	13.	LE	signature required					
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12. TITLE NAME STREET ADDRESS	P PEREZ, ARMANDO 11453 SW 29 ST	D DIRECTORS	13. 1.1 TIT 12 NA 1.3 ST	LE ME REET A	ADDRESS					☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ, ARMANDO 11453 SW 29 ST MIAMI FL	D DIRECTORS ☐ DELETE	13. 1.1 TIT 12 NA 1.3 ST 1.4 CF	LE ME REET A Y-ST-	ADDRESS				Change	☐ Addition
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/99 Date Daytin CR2E034 (11)