

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M38652** (7)

1. Corporation Name

RGC DEVELOPMENT, INC.



Principal Place of Business

**815 N RED RD
400
MIAMI FL 33126
US**

Mailing Address

**815 N. RED RD
400
MIAMI FL 33126
US**

3. Date Incorporated or Qualified

09/18/1986

3a. Date of Last Report

04/18/1995

2. Principal Place of Business

2a. Mailing Address

21

Subst. Apt. #, etc.

26

Subst. Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

**GONZALEZ, LOUIS O
815 N. RED RD
STE 400
MIAMI FL 33126**

4. FEI Number

59-2735324

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 liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

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 officer 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

Signature of Registered Agent or Registered Officer or Director

Signature of Registered Agent or Registered Officer or Director

(Date)

12. OFFICERS AND DIRECTORS

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

**VP
RODON, RAFAEL
2 ALHAMBRA PLAZA PHII
CORAL GABLES FL
D
RAMOS, LISA M
815 N. RED ROAD, SUITE 400
MIAMI FL
D
GONZALEZ, LOUIS
815 N. RED RD - STE 400
MIAMI FL
DS
SMITH, LESLIE A
815 N. RED ROAD, STE. 400
MIAMI FL**

☐ DELETE
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition
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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 119.07(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:

[Signature] **LOUIS O. GONZALEZ** 1/29/96 305-262-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)