

ANNUAL REPORT
1995

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Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000078724 (0)

1. Corporation Name

RED ROAD INTERNATIONAL CORP.

Principal Place of Business

520 BRICKELL KEY DR. #305
MIAMI FL 33131

Mailing Address

520 BRICKELL KEY DR. #305
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/15/1993

3a. Date of Last Report

04/20/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0453224

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

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SLOSBERGAS, NELSON
520 BRICKELL KEY DR. #305
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D/S
NAME YUNES, MARCOS M.
STREET ADDRESS 520 BRICKELL KEY DR. #305
CITY-ST-ZIP MIAMI FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

S/D

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←

TITLE VP D/T
NAME YUNES, MARCELO
STREET ADDRESS 520 BRICKELL KEY DR. #305
CITY-ST-ZIP MIAMI FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

T/D

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TITLE D/P
NAME YUNES, JOSE
STREET ADDRESS 520 Brickell Key Dr. #305
CITY-ST-ZIP Miami, FL 33131

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

P/D

JOSE YUNES

SAME AS ABOVE

TITLE D/VP
NAME YUNES, CELIA
STREET ADDRESS 520 Brickell Key Dr. #305
CITY-ST-ZIP Miami, FL 33131

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

VP/D

CELIA YUNES

SAME AS ABOVE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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)(b), 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 AND TYPED OR PRINTED NAME OF SIGNER OR DIRECTOR

MARCO M. YUNES

- DIRECTOR

4/10/95

374-3800

Title

Daytime (Area #)