

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 FEB 22 AM 9:56

**DOCUMENT # P94000016983 (6)**

1. Corporation Name

**R G INTERNATIONAL, INC.**

Principal Place of Business

6385 WEST 27TH AVE.  
#24  
HIALEAH FL 33016

Mailing Address

6385 WEST 27TH AVE.  
#24  
HIALEAH FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/03/1994**

3a. Date of Last Report

4. FEI Number  
**65-0470890**

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

2. Principal Place of Business

21 **2602 W 60th Pl**

2a. Mailing Address

26 **same**

State, Apt. #, etc.

State, Apt. #, etc.

22 City & State

23 **Hialeah FL**

27 City & State

28 **Hialeah FL**

Zip

24 **33014**

Country

25 **USA**

Zip

29 **33014**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**GASCON, RUDDY  
6385 W. 27TH AVE.  
#24  
HIALEAH FL 33016**

10. Name and Address of New Registered Agent

81 Name **Rudy Gascon**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2602 W 60th Pl**  
83 **Hialeah FL**  
84 City **Hialeah** 85 Zip Code **33014**

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 of Registered Agent (Required for Change of Agent)

Signature of Registered Agent (Required for Change of Agent)

DATE

12. OFFICERS AND DIRECTORS

|                 |                              |
|-----------------|------------------------------|
| TITLE           | <b>P</b>                     |
| NAME            | <b>GASCON, RUDDY</b>         |
| STREET ADDRESS  | <b>6385 W. 27TH AVE. #24</b> |
| CITY - ST - ZIP | <b>HIALEAH FL 33016</b>      |
| TITLE           | <b>SV</b>                    |
| NAME            | <b>GASCON, ANA M</b>         |
| STREET ADDRESS  | <b>6385 W. 27TH AVE. #24</b> |
| CITY - ST - ZIP | <b>HIALEAH FL 33016</b>      |
| TITLE           |                              |
| NAME            |                              |
| STREET ADDRESS  |                              |
| CITY - ST - ZIP |                              |
| TITLE           |                              |
| NAME            |                              |
| STREET ADDRESS  |                              |
| CITY - ST - ZIP |                              |
| TITLE           |                              |
| NAME            |                              |
| STREET ADDRESS  |                              |
| CITY - ST - ZIP |                              |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                         |                                                                              |
|---------------------|-------------------------|------------------------------------------------------------------------------|
| 1. TITLE            | <b>P</b>                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME             | <b>Rudy Gascon</b>      |                                                                              |
| 3. STREET ADDRESS   | <b>2602 W 60th Pl</b>   |                                                                              |
| 4. CITY - ST - ZIP  | <b>Hialeah FL 33016</b> |                                                                              |
| 5. TITLE            | <b>SV</b>               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME             | <b>Ana M. Gascon</b>    |                                                                              |
| 7. STREET ADDRESS   | <b>2602 W 60th Pl</b>   |                                                                              |
| 8. CITY - ST - ZIP  | <b>Hialeah FL 33016</b> |                                                                              |
| 9. TITLE            |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 10. NAME            |                         |                                                                              |
| 11. STREET ADDRESS  |                         |                                                                              |
| 12. CITY - ST - ZIP |                         |                                                                              |
| 13. TITLE           |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 14. NAME            |                         |                                                                              |
| 15. STREET ADDRESS  |                         |                                                                              |
| 16. CITY - ST - ZIP |                         |                                                                              |
| 17. TITLE           |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 18. NAME            |                         |                                                                              |
| 19. STREET ADDRESS  |                         |                                                                              |
| 20. CITY - ST - ZIP |                         |                                                                              |

14. I do hereby certify that the information contained in this filing is voluntarily furnished and does not qualify for the exemption stated in law from 199.032(3)(b), Florida Statutes. Further, I do hereby certify that the information included in 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. 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 of this report or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/95 305-558-8064