FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000016983 (6)

R G INTERNATIONAL, INC.

FILED Mar 18 1997 8:00am Secretary of State

|--|

Principal Place of Sasiness 2002 W 60 PLACE HIALEAH FL 33016 US	Mailing Address 6385 WEST 27TH AVE. 624 HALEAH FL 33016-4309	6385 WEST 27TH AVE.		3. Date Incorporated or Qualified 07/08/1996		
2. Principal Place of Business	2a. Mailing Address	ct	4. FEI Number	h	pplied For	
<u>n</u>	26 7508 NW 55	51	65-0470890		ot Applicable	
Saite Apt # ot: 2	Suite, Apt. #, etc. 27		5. Certificate of Status Desired		Additional equired	
City & State	City & State Miami, FL		Election Campaign Financing Trust Fund Contribution		May Be to Fees	
24 25	29 33 66 30	Щ5A		Yes 🗌 No	i. 199.032,	
	dress of Current Registered Agent	81 Name	10. Name and Address of New Reg	istered Agent	<u></u>	
GASCON, RUDDY 2602 W 60 PLACE HIALEAH FL 33016			ress (P.O. Box Number is Not Acceptabl	e)		
		84 City		FL 85 Zip	Code	
office or registered agent for h agent. I am tim far with, and s scanariose.	Sections 697,0502 and 607,1508, Florida Statutes, the about, in the State of Florida. Such change was authorized ascept the obligations of, Section 607,0505, Florida States of the state of the state of the states	by the corpora	tion's board of directors. I hereby accep	t the appointment as	s registered	
TILE P MAME GASCON, RUDE STREET ADDRESS CITY 51-24 HIALEAH FL	CE 1.3 ST	ſ		☐ Change	Addition	
TOTE SV NAME GASCON, ANA STREET ADDRESS CHTY-ST-ZIP HIALEAH FL	CE 23ST	4		☐ Change	Addition	
TITLE NAMI STREET ADDRESS CHY-ST-Ze	OELETE 31711 32 NA 33 ST	LE		☐ Change	Addition	
TOTE NAME SHREET ACCORNA C BY ST. 200	DELETE 4.1111 4.2 N. 4.3 ST	LE		Change	Addition	
THE	DELETE 5.1 TII	LE		Change	Addition	
STREET ACORECS COLY ISTO Zer		ME REET ADDRESS IY-ST-ZIP				

L. I do 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 suppression 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 curporation 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 option attachment with an address.

SIGNATURE

ud IN Jacob - HNAM. GASCON

3-12-97 (305)591-0884

0123305