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Profit Corporation Annual Report



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000033731 (8)

R.G. INTERNATIONAL AIRCRAFT CORP. Principal Place of Business Mailing Address 0501 N.W. 36TH ST. 6301 N.W. 36TH 6T. SUITE 175 SUITE-175 MIAMI FL 33168 MIAMI FL 93166 6961 3. Date Incorporated or Qualified Date of Last Report 05/04/1994 02/15/1996 2. Principal Prace of Business Mailing Address 4. FEI Number W36St Applied For 65-045 1559 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be 23 **Trust Fund Contribution** Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, nade 29 Yes 🔲 No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name REYNOLDS, PEDRO 10700 SW 108 AVE Street Address (P.O. Box Number is Not Acceptable) SUITE 409 83 **MIAMI FL 33166** R4 City 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. Tam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Stgradice, typed or per teo traine of registered agent and the trappicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)DELETE FILE 1.1 TITLE Change Addition REYNOLDS, PEDRO NAM 1.2 NAME 10700 SW 108 AVE #409 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33176** Olfy SI-2d 1.4 CITY - ST - ZIP DELETE TITLE 21 TITLE Change Addition NAME 2 2 NAME STREET ALCORESS 2 3 STREET ADDRESS CITY ST-21 2.4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ACDRESS 3.3 STREET ADDRESS City S1-7P 3.4. CITY-\$T-ZIP DELETE TITLE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CIY-ST ZIP 44 CITY-ST-ZIP ☐ D€ LETE TOLE Addition 5.1 TITLE Channe NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filling 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 of supplier ental 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 of the toceiver 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 change II on an address.

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

5.2 NAME

DELETE

SIGNATURE:

CHY-\$1-7#

STREET ADDRESS

CiTY - ST - 716

NAME

NING OFFICER OF DIFFECTOR BLO REUNOIDS 1

Daytime Prione #

Change

Addition

FILED

Feb 27 1997 8:00am

Secretary of State