

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

*July 15*

**FILED**  
 95 JUL 31 PM 12:18  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000033962 (9)**  
 1. Corporation Name  
**RG. & A. ENTERPRISES OF MIAMI, INC.**

Principal Place of Business <b>954 S.W. 4TH ST. #5 MIAMI FL</b>	Mailing Address <b>954 S.W. 4TH ST. #5 MIAMI FL</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>		
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.		
23 City & State	28 City & State		
24 Zip	25 Country	29 Zip	30 Country

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>04/29/1994</b>	3a. Date of Last Report
4. FEI Number <b>65-0489213</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for (intangible) tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**GONZALEZ, ROBERTO**  
**954 S.W. 4TH ST.**  
**#5**  
**MIAMI FL**

**10. Name and Address of New Registered Agent**

81 Name		
82 Street Address (P.O. Box Number is Not Acceptable)		
83		
84 City	<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable) (Signature of Registered Agent required when re-registering) DATE

**12. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY ST ZIP	<b>PD</b> <b>GONZALEZ, ARMANDO</b> <b>954 S.W. 4TH ST. #5</b> <b>MIAMI FL</b>
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>VD</b> <b>GONZALEZ, ROBERTO</b> <b>954 S.W. 4TH ST. #5</b> <b>MIAMI FL</b>
TITLE NAME STREET ADDRESS CITY ST ZIP	
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**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY ST ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY ST ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 registered 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: *X [Signature]*  
(Signature and typed or printed name of signing officer or director)

*7/20/95 (305) 362-9139*