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

CORPORATION ANNUAL REPORT



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

1996

P95000013263 (5) **DOCUMENT #** 

## R.G. INTERNATIONAL EXPORTERS INC.

Principal Place of Business

Mailing Address



-11710 S.W. MIAMI FL 33	SEND LANE	11718 S.W. 92NE MIAMI FL 33186	LANE		3. Date incorporated or Qualified 02/16/1995	3a. Date of Last Report
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
26		h	~		65-0559794	Not Applicable
Suite, Apt. #, etc. 27		h	Suite, Apt. #, etc.			\$8.75 Additional Fee Required
Crty & State		City & State	<u>⊢</u> ¬ ′		Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	<i>Ζ</i> φ	Country	•	8. This corporation has liability for int	
24	25	29	30		Flonda Statutes X Yes	
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Re	gistered Agent
OUD (A)	DA DENIALDO			1 10 110		
GUEVARA, REINALDO 11718 S.W. 92ND LANE MIAMI FL 33186			82	82 Street Address (P.O. Box Number is Not Acceptable)  83		
			83			
MIMMI P	-L 33100					
			84	City		Fi 85 Zip Code
or register	o the provisions of Sections 607 050 ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	nda. Such change was auf	honzed by the can	named corpx loration's bo	pration submits this statement for the purpo and of directors. Thereby accept the appoin	ose of changing its registered office intraent as registered agent. I am
SIGNATURE _	Signature, typeo or printed name of regulariest ager					
12.		VD DIRECTORS	(NOTE Reprehendings	"! Signattere regin	ADDITIONS/CHANGES TO OFFIC	DATE CLODE IN 13
TITLE	PD	DELFIE			ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	GUEVARA, REINALDO		1.2 NAME			-
STREET ADDRESS	11718 S.W. 92ND LANE		1.3 \$1465	ADDRESS	11830 SW 107 LAN MIAMI FL 3318	<i>(E</i>
CHY-\$1-ZIP	MIAMI FL 33186		14 CHY	ST ZIP	MIAMI FL 3318	² <b>८</b>
TITLE	STD	DELETE	2 1 T TLE			
NAMÉ	Guevara, elsa v		2.2 NAME		GUEVARA, ELSY V	
STREET ADDRESS	11718 S.W. 92NO LANE		2.3 STREE	FADDRESS	GUEVARA, ELSY V 11830 SW 107 LAN	-
CHY-ST-ZIP	MIAMI FL 33186		2 4 C/IY-	51 - 7IF	MIAMI FL 33186	>
T-TLF		☐ DELETE	3 1 T TLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS				1 ADORESS		
CITY - ST - ZiP TITLE	<u> </u>	[T] DELETE	3.4 CHY	et - ZIF		Change Addition
NAME			4.2 NAME			
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP			440117	1		
TITLE		[] DELETE		11.71		Change Addition
NAME		<b>-</b>	5.2 NAME			
STREET ADDRESS		-	5.3 STREE	ADDRESS.		
CITY-ST-ZIP			5.4 C/TY-1			
TITLE		DELETE				Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	ADDRESS		
CHTY - ST - ZIP			6.4 CHY-	51 - 71F		

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualfy for the exemption stated in Section 119.07(3)(k). 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 constitution on 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 chapters of on an attact ment with an address.

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR