

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

FILED

Mar 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000029434 (3)

1. Corporation Name

T.G.I. INTERNATIONAL, INC.



Principal Place of Business

6695 N.W. 36TH AVE.  
MIAMI FL 33147

Mailing Address

6695 N.W. 36TH AVE.  
MIAMI FL 33147-7519

3. Date Incorporated or Qualified

03/29/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address

26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29

4. FEI Number

65-0656809

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

9. Name and Address of Current Registered Agent

GARCIA, ORLANDO JR.  
6695 N.W. 36TH AVE.  
MIAMI FL 33147

10. Name and Address of New Registered Agent

81 Name

Antonio Gonzalez

82 Street Address (P.O. Box Number is Not Acceptable)

6695 NW 36 Ave

83 City

Miami

84 State

FL

85 Zip Code

33147

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

SIGNATURE

[Signature]

3/27/97

DATE

12. OFFICERS AND DIRECTORS

|                 |                     |        |
|-----------------|---------------------|--------|
| TITLE           | TCEO                | DELETE |
| NAME            | GONZALEZ, ANTONIO   |        |
| STREET ADDRESS  | 6695 N.W. 36TH AVE. |        |
| CITY - ST - ZIP | MIAMI FL 33147      |        |
| TITLE           | SC                  | DELETE |
| NAME            | HERRAN, AGUSTIN     |        |
| STREET ADDRESS  | 6695 N.W. 36TH AVE. |        |
| CITY - ST - ZIP | MIAMI FL 33147      |        |
| TITLE           | P                   | DELETE |
| NAME            | GARCIA, ORLANDO JR. |        |
| STREET ADDRESS  | 6695 N.W. 36TH AVE. |        |
| CITY - ST - ZIP | MIAMI FL 33147      |        |
| TITLE           |                     | DELETE |
| NAME            |                     |        |
| STREET ADDRESS  |                     |        |
| CITY - ST - ZIP |                     |        |
| TITLE           |                     | DELETE |
| NAME            |                     |        |
| STREET ADDRESS  |                     |        |
| CITY - ST - ZIP |                     |        |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |        |          |
|---------------------|--------|----------|
| 1.1 TITLE           | Change | Addition |
| 1.2 NAME            |        |          |
| 1.3 STREET ADDRESS  |        |          |
| 1.4 CITY - ST - ZIP |        |          |
| 2.1 TITLE           | Change | Addition |
| 2.2 NAME            |        |          |
| 2.3 STREET ADDRESS  |        |          |
| 2.4 CITY - ST - ZIP |        |          |
| 3.1 TITLE           | Change | Addition |
| 3.2 NAME            |        |          |
| 3.3 STREET ADDRESS  |        |          |
| 3.4 CITY - ST - ZIP |        |          |
| 4.1 TITLE           | Change | Addition |
| 4.2 NAME            |        |          |
| 4.3 STREET ADDRESS  |        |          |
| 4.4 CITY - ST - ZIP |        |          |
| 5.1 TITLE           | Change | Addition |
| 5.2 NAME            |        |          |
| 5.3 STREET ADDRESS  |        |          |
| 5.4 CITY - ST - ZIP |        |          |
| 6.1 TITLE           | Change | 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 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 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 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)