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

PROFIT @ CORPORATION ANNUAL REPORT.

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000042261

## **FILED** Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90033 049 \*\*\*150.00

R.G.V., INC.								·	
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Principal Place of Business Mailing Address									
16338 NORTHWEST 86TH COURT 16338 NORTHWEST 86TH COUNT 16338 NORTHWEST 86TH COURT 16338 NORTHWEST 1					DO.	DO NOT WRITE IN THIS SPACE			
1					3. Date Incorporated or				
					05/11/1998				
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	2020	Apr	lied For	
21 26					65-083	58858		Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc.	<u> </u>			Desired	\$8.75 A		
22		City & State					<del></del>	<u> </u>	
City & Stat	te	City & State			6. Election Campaign F Trust Fund Contribu		\$5.00 ( Added to		
Zip	Country	Zip Country			8. This corporation owe			31 000	
24 25 29 30			<del>-</del> -		Personal Property Ta	•		⊡No	
	9. Name and Address of Current	<del></del>	L		10. Name and Address		Agent		1
			81	Name	ORLANDO	ARROM			
AMERILAWYER			82	Street Ad	• • •				
343 ALMERIA AVENUE				1	dress (P.O. Box Number is N	OSTAKET			1
CORAL GABLES FL 33134			83		suire 203		•	[	i
			84	City M	înn!	FL	85 Zip C	ode	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent for both, in the State of Florida. Such change was author agent. I am familiar with a part agreet the obligations of Section 607.0505, Florida statutes.				e-named co	moration submits this statem	ent for the purpose of	changing its	registered	_
office or	registered agent, or both, in the State of	of Florida. Such change was auth	orized by	the corpora	tion's board of directors. I he	reby accept the appoi	ntment as reg	jistered	ļ
		OR LA		AARO	CPA	3/13	(199		i
SIGNATURE	Signature, typed oriprinted mane of registered agent				ired when reinstating)	DATE	1.1.1		1 7
12.	OFFICERS ANI		13.		ADDITIONS/CHANGE	ES TO OFFICERS AN			, ,
TITLE			1.1 T/TLE				Change	☐ Addition	
NAME	VILLAR, REYNALDO G			1					
STREET ADDRESS				T ADDRESS				_	į
CITY-ST-ZIP			1.4 CITY-S 2.1 ΠΠΕ		STD		Change	Addition	
TITLE		- DECETE	2.1 NAME		iii saa NiE	<b>14</b>			
NAME			2.3 STREE	· Anness :=	VILLAR NE	26 COUR	1	<u> </u>	_
CITY-ST-ZIP			2.4 CITY-5		MIAMI, FL	33016			ĺ
TITLE		☐ DELETE	3.1 T/TLE		77171		Change	Addition	l
NAME	3.21		3.2 NAME						
STREET ADDRESS			3.3 STREE	T ADDRESS					
CiTY-ST-ZIP			3.4. CITY-5	ST- ZIP					ı
TITLE		☐ DELETE	4.1 TITLE				☐ Change	Addition i	
NAME			4.2 NAME	1				[	
STREET ADDRESS	1		4.3 STREE	T ADDRESS				ļ	į
CITY-ST-ZIP			4.4 CITY-S	T-ZIP					
TITLE			5.1 TITLE				Change	☐ Addition	
, NAME			5.2 NAME	TADDOCCO	•			Į	į
STREET ADDRESS	]		5.4 CITY-S	TADDRESS				i	i
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	1-215			☐ Change	Addition	
TITLE									ĺ
NAME			6.2 NAME						
CTDEET ADDOCCO	,		6.2 NAME 6.3 STREE	TADDRESS					
STREET ADDRESS			Į.	T ADDRESS T-ZIP					

14. I 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, with all other like empowered.

SIGNATURE: