## 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 # P98000103263

R & G SOLUTIONS, INC.

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90201 028 \*\*\*150.00



Principal Place of Business		Mailing Address				22:22 1116 1141	
2025 BRICKELL AVENUE		2025 BRICKELL AVENUE					
SUITE 1004		SUITE 1004		DO NOT WRITE IN THIS SPACE			
WIAMI FL 33129		MIAMI FL 33129	MIAMI FL 33129		3. Date Incorporated or Qualifed		
					12/10/1998		}
2. Principal P	ace of Business	2a. Mailing Address	<del></del> .		4. FEI Number		applied For
21			316	3386	65-0881333		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	•	Additional
22		27		5. Certificate of Status Desired	Fee F	Required	
City & State		City & State	— 14.1 Sm		6. Election Campaign Financing \$5.00 May Be		
23					Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Countr	<u>у</u>	8. This corporation owes the current year	r Intangible ☐ Yes	□No
24	9. Name and Address of Current	29 33231 30	<u>'                                    </u>		Personal Property Tax.  10. Name and Address of New Registe		
	9. Name and Address of Current	t vediaratan what	81	Name	19. Hamb and Addition of How Register	ou rigeni	
RIVER	A-DIEZ, LUZETTE M		Ĺ	ļ			
	BRICKELL AVENUE		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
SUITE			83	<b>i</b>	· · · · · · · · · · · · · · · · · · ·		
MAM	FL 33129						
			84	City	Ī	<b>= L</b>  85   Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508. Florida Statutes.	the abov	ve-named corr	poration submits this statement for the purpos	e of changing i	ts registered
office or re	egistered agent, or both, in the State of the familiar with, and accept the obligated	of Florida. Such change was auth	orized by	y the corporati	on's board of directors. I hereby accept the a	pointment as	registered
	m jamiliai with, and accept the obligat	tions of, Section 607.0000, Florida	Jialule	o.			}
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Re-	gistered Age	ent signature require	ed when reinstating) DATE		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
	D	☐ DELETE	1.1 TITLE			[] Change	Addition
	RIVERA-DIEZ, LUZETTE M		1.2 NAME				i
STREET ADDRESS 2025 BRICKELL AVENUE, SUITE		1004	1.3 STREE	ET ADDRESS			
CITY-ST-ZIP			1.4 CITY-	ST-ZIP			
TITLE			2.1 TITLE			Change	e
	Gonzalez, Jorge L		2.2 NAME				
	2025 BRICKELL AVENUE, SUITE	1004	2.3 STREE	ET ADDRESS			1
CITY-ST-ZIP			2.4 CITY-	\$T-ZIP			
TITLE	☐ DELETE		3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	ET ADDRESS			
CITY-ST-ZIP	3.4		3.4. CITY-			[] (h	- Addition
TITLE	_ [		4.1 TITLE			Change	Addition
NAME			4 2 NAME	•			
STREET ADDRESS			4.3 STREE	ET ADDRESS			
CITY-ST-ZIP		C) pc) ETC	4.4 CITY-	ST-ZIP		[7 Change	e Addition
TITLE	•	☐ DELETE	5.1 TITLE			[] Change	Addition
NAME			5.2 NAME	ET ADDRESS			
STREET ADDRESS							
CITY-ST-ZIP	1.00	□ NEI ETF	5.4 CITY-			[] Change	Addition
TITLE		☐ DELETE	6.2 NAME			Change	, DAGGOT
NAME							
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			6.4 CITY-	51-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 eath; 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: