

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **V47639** (2)  
1. Corporation Name:  
**RX INTERNATIONAL, INC.**

Principal Place of Business: **6306 MILLS DRIVE SUITE 519 MIAMI FL 33183**  
Mailing Address: **6306 MILLS DRIVE SUITE 519 MIAMI FL 33183**

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Created: **07/02/1992**  
3a. Date of Last Report: **03/22/1994**

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
22. Suite Apt # etc: 27  
23. City & State: 28  
24. Zip: 25 Country: 29 Zip: 30 Country: 30

4. FEI Number: **65-0346720**  
Applied for:  Not Applicable:   
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**  
7. This corporation has liability for intangible tax under S. 190.055 Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent:  
**VILLEGAS, ROXANA  
6306 MILLS DRIVE  
SUITE 519  
MIAMI FL 33183**

10. Name and Address of New Registered Agent:  
81. Name:  
82. Street Address (P.O. Box Number is Not Acceptable):  
83. City:  
84. State: **FL**  
85. Zip Code:

11. Pursuant to the provisions of Sections 607.01(4), 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.01(4), Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature of Registered Agent) \_\_\_\_\_ (Signature of Secretary)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1. TITLE	<b>D</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	<b>VILLEGAS, ROXANA</b>	2. NAME	
3. STREET ADDRESS	<b>8306 MILLS DRIVE # 519</b>	3. STREET ADDRESS	
4. CITY, ST, ZIP	<b>MIAMI FL</b>	4. CITY, ST, ZIP	
5. TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		6. NAME	
7. STREET ADDRESS		7. STREET ADDRESS	
8. CITY, ST, ZIP		8. CITY, ST, ZIP	
9. TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST, ZIP		12. CITY, ST, ZIP	
13. TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY, ST, ZIP		16. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that it is true and correct for the incorporation stated in Section 119.07(1)(a), 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 person to whom responsibility to make up this report is assigned by Chapter 107, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an addendum with an addendum.

SIGNATURE: **X Roxana Villegas**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
4/14/95