

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 31 AM 9:13

DOCUMENT # V58624 (0)

1. Corporation Name

ARAGON INTERNATIONAL IMPORT EXPORT CORPORATION

Principal Place of Business

320 UNIVERSITY DR
CORAL GABLES FL 33134

Mailing Address

11831 SW 18TH ST
#8
MIAMI FL 33175
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0358479

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 (332),
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21/13352 NW 2 Terr.

2a. Mailing Address

26/13352 NW 2 Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23/MIAMI, FL

City & State

28/MIAMI FL

Zip

24/33182

Country

25/USA

Zip

29/33182

Country

30/USA

9. Name and Address of Current Registered Agent

MARIAN GARCIA P.A.
3400 CORAL WAY
SUITE 501
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed in printed name of registered agent and title of corporation.

(NOTE: Registered Agent Signature required when registering.)

(ATTN)

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME RUIZ, NELSON
STREET ADDRESS 320 UNIVERSITY DR
CITY - ST - ZIP CORAL GABLES FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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STREET ADDRESS
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TITLE
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CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 007, 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

5/24/95 (305) 554-6877