FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M05002** **(4)**

1. Corporation Name
AMERICAN GOVERNMENT CERTIFICATES & FUNDS CORPORATION

Principal Place of Business
999 PONCE DE LEON BLVD
CORAL GABLES FL 33134

Mailing Address
999 PONCE DE LEON BLVD
CORAL GABLES FL 33134

3. Date Incorporated or Qualified: **09/11/1984**
3a. Date of Last Report: **07/06/1995**

2. Principal Place of Business
21 999 Ponce de Leon Blvd.
Suite, Apt. #, etc.
22 Ste. 30
City & State
23 Coral Gables, Fla.
Zip 24 33134 Country 25 U.S.A.

2a. Mailing Address
26 999 Ponce de Leon Blvd.
Suite, Apt. #, etc.
27 Ste. 30
City & State
28 Coral Gables, Fla.
Zip 29 33134 Country 30 U.S.A.

4. FEI Number: **59-2469665** 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
ENRIQUEZ, MARIA
999 PONCE DE LEON
SUITE 30
CORAL GABLES FL 33134

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 of Registered Agent or Officer or Director of Registered Agent — Name (Typed or Printed) of Registered Agent or Officer or Director of Registered Agent — DATE

12. OFFICERS AND DIRECTORS

TITLE	PTC	☐ DELETE
NAME	ENRIQUEZ, MARIA	
STREET ADDRESS	1234 ANDORA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	☐ DELETE
NAME	ESTEVEZ, MARIA	
STREET ADDRESS	1461 SW 124 COURT NO13E	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	ESPINOSA, CRISTINA	
STREET ADDRESS	8325 SW 54TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	3314b	
2.1 TITLE		☐ Change ☒ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	33184	
3.1 TITLE		☐ Change ☒ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	33143	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Maria Enriquez - Maria Enriquez — 5/29/96 — 305 445-3030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)