

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M15192 (1)

1. Corporation Name
AGAMA, INC.



Principal Place of Business Mailing Address
**201 SEVILLA AVE
SUITE 302
CORAL GABLES FL 33134** **201 SEVILLA AVE
SUITE 302
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified: **05/08/1985** 3a. Date of Last Report: **02/27/1995**
4. FEI Number: **59-2535855** 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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MURAI, WALD, BIONDO, MATTHEWS & MORENO P.A
25 S.E. 2ND AVENUE
25 SE SECOND AVE #900 INGRAHAM BLDG.
MIAMI FL 33131**

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 (Registered Agent) Date (Registered Agent)

Signature (Registered Agent) Date (Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VT	<input type="checkbox"/> DELETE
NAME	BUSTAMANTE DE PONCE, ANA	
STREET ADDRESS	201 SEVILLA, #302	
CITY-STATE-ZIP	CORAL GABLES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BUSTAMANTE, ALBERTO,	
STREET ADDRESS	201 SEVILLA, #302	
CITY-STATE-ZIP	CORAL GABLES FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	BUSTAMANTE DELOPEZ, MARIA	
STREET ADDRESS	201 SEVILLA, #302	
CITY-STATE-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add on
2. NAME	ALBERTO BUSTAMANTE I.	
3. STREET ADDRESS	201 Sevilla Avenue, Suite 302	
4. CITY-STATE-ZIP	Coral Gables, Fl. 33134	
5. TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	ALBERTO BUSTAMANTE C.	
7. STREET ADDRESS	201 Sevilla Avenue, Suite 302	
8. CITY-STATE-ZIP	Coral Gables, Fl. 33134	
9. TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	ANA L. BUSTAMANTE	
11. STREET ADDRESS	201 Sevilla Avenue, Suite 302	
12. CITY-STATE-ZIP	Coral Gables, Fl. 33134	
13. TITLE	Treasurer/Asst. Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	MARIA A. BUSTAMANTE DE LOPEZ	
15. STREET ADDRESS	201 Sevilla Avenue, Suite 302	
16. CITY-STATE-ZIP	Coral Gables, Fl. 33134	
17. TITLE	Asst. Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
18. NAME	GLADYS M. BUSTAMANTE	
19. STREET ADDRESS	201 Sevilla Avenue, Suite 302	
20. CITY-STATE-ZIP	Coral Gables, Fl. 33134	
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY-STATE-ZIP		

14. I do hereby certify that the information supplied in 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 in this filing 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 a 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 chairman or chairman-elect of an address.

SIGNATURE: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
ALBERTO BUSTAMANTE I. President

2/11/96 (305) 448-8811
Date Phone

CR2E034 (12/95)