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**Mar 04 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # M15192 (1)

1. Corporation Name
AGAMA, INC.



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

Mailing Address
**201 SEVILLA AVE
SUITE 302
CORAL GABLES FL 33134-6616**

3. Date Incorporated or Qualified 05/08/1985	3a. Date of Last Report 02/27/1996
4. FEI Number 59-2535855	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**MURAI, WALD, BIONDO, MATTHEWS & MORENO P.A
25 S.E. 2ND AVENUE
25 SE SECOND AVE #900 INGRAHAM BLDG.
MIAMI FL 33131**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	S	<input type="checkbox"/>
NAME	BUSTAMANTE, ANA L	
STREET ADDRESS	201 SEVILLA AVE. SUITE 302	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	PD	<input type="checkbox"/>
NAME	BUSTAMANTE, ALBERTO I	
STREET ADDRESS	201 SEVILLA AVE., SUITE 302	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	TS	<input type="checkbox"/>
NAME	BUSTAMANTE DE LOPEZ, MARIA A	
STREET ADDRESS	201 SEVILLA AVE, SUITE 302	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	VP	<input type="checkbox"/>
NAME	BUSTAMANTE, ALBERTO C	
STREET ADDRESS	201 SEVILLA AVE, SUITE 302	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	T	<input type="checkbox"/>
NAME	BUSTAMANTE, GLADYS M	
STREET ADDRESS	201 SEVILLA AVE, SUITE 302	
CITY - ST - ZIP	CORAL GABLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS			
14 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do 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 oath; that I am an officer or director of the corporation, or the registered 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 in an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **ALBERTO J. BUSTAMANTE** 2/24/97 305-448-8811
DATE DAY/MO/PRNS

CR2E034 (9/96)