

FILE NOW: FILING FEE AFTER MAY 1 IS \$500

FILED
Jun 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000075366 (1)
1. Corporation Name
AGLIMONT SWEETS, INC.



Principal Place of Business: 8802 N.W. 45TH PLACE CORAL SPRINGS FL 33065
Mailing Address: 8802 N.W. 45TH PLACE CORAL SPRINGS FL 33065-1708

3. Date Incorporated or Qualified: 09/29/1995
3a. Date of Last Report: 10/03/1996
4. FEI Number: APPLIED FOR 65-07548
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
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
26 Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent
MANIAR, RAJU
6635 W. COMMERCIAL BLVD.
#115
TAMARAC FL 33319

10. Name and Address of New Registered Agent
81 Name: ALI AYAZ S
82 Street Address (P.O. Box Number is Not Acceptable): 8802 NW 45TH PLACE
83
84 City: CORAL SPRINGS FL 85 Zip Code: 33065

11. Pursuant to the provisions of Sections 607.0505 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] DATE: _____
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE: D	<input type="checkbox"/> DELETE
NAME: ALI, AYAZ S	
STREET ADDRESS: 8802 N.W. 45TH PLACE	
CITY-ST-ZIP: CORAL SPRINGS FL 33065	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME:	
1. STREET ADDRESS:	
1. CITY-ST-ZIP:	
2. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME:	
2. STREET ADDRESS:	
2. CITY-ST-ZIP:	
3. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME:	
3. STREET ADDRESS:	
3. CITY-ST-ZIP:	
4. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME:	
4. STREET ADDRESS:	
4. CITY-ST-ZIP:	
5.1. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1. NAME:	
5.1. STREET ADDRESS:	
5.1. CITY-ST-ZIP:	
6.1. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1. NAME:	
6.1. STREET ADDRESS:	
6.1. 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 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, changed, or on an attachment with an address.

SIGNATURE: [Signature] AYAZ S ALI DATE: 4/16/97 (95u)752-3547

CR2E034 (9/96)