

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000009767 (9)
 1. Corporation Name
A & G INSURANCE AGENCY CORP.

Principal Place of Business 4296 PALM AVE HIALEAH FL 33012	Mailing Address 4296 PALM AVE HIALEAH FL 33012
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
2/23/97

21. Principal Place of Business 4296 Palm Ave	2a. Mailing Address 4296 Palm Ave
22. Suite, Apt. #, etc. -	26. Suite, Apt. #, etc. -
23. City & State Hialeah - FL	27. City & State Hialeah - FL
24. Zip 33012	29. Zip 33012
25. Country State	30. Country State

4. FEI Number 65-0729003	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**P GISELA MUNOZ
 695 EAST 52 STREET,
 HIALEAH FL 33013.-**

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 607.0509, Florida Statutes.

SIGNATURE: *Gisela Munoz* *Gisela Munoz* **3/4/98**
Signature of person named in registration (to be typed and printed) (Applied Fee) (Not Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE P	NAME GISELA MUNOZ	<input type="checkbox"/> DELETE
STREET ADDRESS 695 E. 52 ST,		
CITY-ST-ZIP HIALEAH FL 33013.-		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

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*****150.00**

14. I hereby certify that the information supplied in 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 if changed, or on an attachment with an address.

SIGNATURE: *Gisela Munoz* **3/2/98 (305) 556-2707**
Signature and Typed or Printed Name of Signing Officer or Director

CR2E034 (10/97)