

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra E. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000031660 (0)

1. Corporation Name

AGORA, INC.



Principal Place of Business

640 LINCOLN ROAD MALL
MIAMI FL 33139

Mailing Address

640 LINCOLN ROAD MALL
MIAMI FL 33139

2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.
22	City & State
23	Zip
24	Country

26	State, Apt. #, etc.
27	City & State
28	Zip
29	Country

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

3. Date Incorporated or Qualified

04/21/1995

3a. Date of Last Report

4. FEI Number

65-0583556

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 person who is authorized to sign this report

Signature of person who is authorized to sign this report

DS1

12. OFFICERS AND DIRECTORS

TITLE	D	[] DELETE
NAME	EACOBACCI, MARK	
STREET ADDRESS	640 LINCOLN ROAD MALL	
CITY-STATE-ZIP	MIAMI FL 33139	
TITLE	D	[] DELETE
NAME	O'BRIKIS, MARCUS	
STREET ADDRESS	640 LINCOLN ROAD MALL	
CITY-STATE-ZIP	MIAMI FL 33139	
TITLE	D	[] DELETE
NAME	MILLET, MICHAEL	
STREET ADDRESS	640 LINCOLN ROAD MALL	
CITY-STATE-ZIP	MIAMI FL 33139	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-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-STATE-ZIP	
2.1 TITLE	[] Change [] Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	[] Change [] Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	[] Change [] Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	[] Change [] Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	[] Change [] Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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)(g), 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 designated as an officer or director with an address.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96 305 673 9589
Typed Name

CR2E034 (12/95)