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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000031660 (0)

AGORA, INC.

Principal Place of Business

**640 LINCOLN ROAD MALL** 

Mailing Address

640 LINCOLN ROAD MALL

## **FILED** Apr 09 1998 8:00am Secretary of State



MIAMI FL 33139 **MIAMI FL 33139** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/21/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0583556 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CORPORATION INFORMATION SERVICES INC. 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 84 City Zip Code 85 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 (NOTE Registered Agent signature required when rainstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE Change TITLE 1.1 TITLE EACOBACCI. MARK 1.2 NAME NAME 640 LINCOLN ROAD MALL 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33139 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE O'BRIKIS, MARCUS NAME 22 NAME 640 LINCOLN ROAD MALL STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33139 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE. Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE \_\_\_ Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CMY-ST-ZIP ☐ Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 6.1 TITLE TITLE NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP

14. I 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 suppliemental 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, growing altachment with an address. Tempani SIGNATURE: