**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000101782

1. Corporation Name

AGS PROPERTIES CORPORATION

| Principal Place of Business                    |           |
|--|-----------|
| 6075 SUNSET DRIVE #201<br>SOUTH MIAMI FL 33143 | 60°<br>SC |

## FILED Mar 01, 1999 8:00 am **Secretary of State**

03-01-1999 90249 010 \*\*\*150.00



| Principal Place of Business                                   |                                 | Mailing Address   |             |  |   |      |  |
|---|---------------------------------|---|-------------|--|---|------|--|
| 075 SUNSET DRIVE #201<br>OUTH MIAMI FL 33143                  |                                 | 6075 SUNSET DRIVE #201<br>SOUTH MIAMI FL 33143  |             |  | DO NOT WRITE IN THIS SPACE  |      |  |
|   |                                 |   |             |  | 3. Date Incorporated or Qualifed 12/03/1998   |      |  |
| 2. Principal Place  | of Business                     | 2a. Mailing Address   |             |  | 4. FEI Number Applied Fo  | r.   |  |
| · ·   |                                 | 26  |             |  | 65-0879699 Not Applica  | able |  |
| Suite, Apt. #, et   | tc.                             | Suite, Apt. #, etc.   |             |  | 5. Certificate of Status Desired  | al   |  |
| City & State  |                                 | City & State  |             |  | 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees   | 1    |  |
| Zip   | Country 25                      | Zip 30  | Zip Country |  | 8. This corporation owes the current year Intangible Personal Property Tax.   |      |  |
| Name and Address of Current Registered Agent GROSSMAN, JEROME |                                 |   |             | 10. Name and Address of New Registered Agent |   |      |  |
|   |                                 |   |             | Name   |   |      |  |
| 6075 SUNSET DRIVE #201<br>SOUTH MIAMI FL 33143                |                                 |   | 82          | Street Addr                                  | Address (P.O. Box Number is Not Acceptable)   |      |  |
|   |                                 |   | 83          |  |   |      |  |
|   |                                 |   | 84          | City   | FL 85 Zip Code  |      |  |
| office or regis   | tered agent or both ain the Sta | 0502 and 607.1508, Florida Statutes, thate of Florida. Such change was authorigations of, Section 607.0505, Florida | rized by    | the corporation                              | poration submits this statement for the purpose of changing its register tion's board of directors. I hereby accept the appointment as registered | ed   |  |

(NOTE: Registered Agent signature required when reinstating me of registered agent and title if applicable Signature, typed or printeg ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. # TREASURER PRESIDENT DELETE Change 1.1 TITLE TITLE USTIANO COSTA LIMA DA SALUSTIANO COSTA LIMA DA SILVA 1.2 NAME NAME 6075 SWISET PRIVE # 6075 SUNSET DRIVE #201 1.3 STREET ADDRESS STREET ADDRES SOUTH MIAMI FL 33143 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE VICE- PRESIDENT TITLE ELIDIA HERTZOG DA SILVA ELIDIA HERTZOG DA SILVA 22 NAME NAME GOTS SUNSET DRIVE # 201 6075 SUNSET DRIVE #201 2.3 STREET ADDRESS STREET ADDRES SOUTH MIAM! FL SOUTH MIAMI FL 33143 2.4 CITY-ST-ZIP CITY-ST-ZIP VICE PROSIDENT Change Addition DELETE TITLE 3.1 TITLE ALZIRA PENISE HERTEGG ALZIRA DENISE HERTZOG DA SILVA 3.2 NAME NAME 6075 SWISET PRIVE \$ 201 6075 SUNSET DRIVE #201 3 3 STREET ADDRESS STREET ADDRES SOUTH MIAMI FL 33143 SOUTH MIAMI FL 33143 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition vice protoent a secretary DELETE 4.1 TITLE TITLE JEROME GROSSMAN 6075 JUNSET DRIVE \$ 201 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS SOUTH MAM. FL 33143 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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 of flustee 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

(305)662-6772