

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **476888** (3)

1. Corporation Name
AGP INTERNATIONAL, INC.



Principal Place of Business: **1801 NW 83 AVENUE MIAMI FL 33172**
Mailing Address: **1801 NW 83 AVENUE MIAMI FL 33172**

3. Date Incorporated or Qualified: **05/23/1975**
3a. Date of Last Report: **04/21/1995**
4. FEI Number: **59-1605970**
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**
2a. Mailing Address: **26**
22. Suite, Apt. #, etc.: **27**
23. City & State: **28**
24. Zip: **25** Country: **29** Zip: **30** Country:

9. Name and Address of Current Registered Agent
**GARCIA, EDUARDO
13254 S.W. 13 ST.
MIAMI FL 33184**

10. Name and Address of New Registered Agent
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83.
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(1), 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.06(6), Florida Statutes.

SIGNATURE: _____ DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE: P | GARCIA, EDUARDO <input type="checkbox"/> DELETE | 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: | | 2. NAME | |
| STREET ADDRESS: | 13254 S.W. 13 ST. | 3. STREET ADDRESS | |
| CITY-ST-ZIP: | MIAMI FL | 4. CITY-ST-ZIP | |
| TITLE: | TS <input type="checkbox"/> DELETE | 7. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: | | 8. NAME | |
| STREET ADDRESS: | MORGAN, CEIDA PARRA | 9. STREET ADDRESS | |
| CITY-ST-ZIP: | 15930 W. PRESTWICK PLACE MIAMI SPRINGS FL | 24. CITY-ST-ZIP | |
| TITLE: | <input type="checkbox"/> DELETE | 3. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: | | 12. NAME | |
| STREET ADDRESS: | | 33. STREET ADDRESS | |
| CITY-ST-ZIP: | | 34. CITY-ST-ZIP | |
| TITLE: | <input type="checkbox"/> DELETE | 4. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: | | 42. NAME | |
| STREET ADDRESS: | | 43. STREET ADDRESS | |
| CITY-ST-ZIP: | | 44. CITY-ST-ZIP | |
| TITLE: | <input type="checkbox"/> DELETE | 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: | | 52. NAME | |
| STREET ADDRESS: | | 53. STREET ADDRESS | |
| CITY-ST-ZIP: | | 54. CITY-ST-ZIP | |
| TITLE: | <input type="checkbox"/> DELETE | 6. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: | | 62. NAME | |
| STREET ADDRESS: | | 63. STREET ADDRESS | |
| CITY-ST-ZIP: | | 64. CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntary furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 business or business process that is the registrant required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment to this annual report.

SIGNATURE: *Eduardo Garcia* **4-17-96** **305-5931636**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)