	FILE	NOW:	<b>FILING</b>	FEE	<b>AFTER</b>	MAY	1	IS	\$225.	.00
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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #** 1. Corporation Name

594416

(0)

AGADIR, INC.

Principal Place of Business	Mailing Address
28 CORDOVA STREET	28 CORDOVA STREET
ST. AUGUSTINE FL 32084	St. Augustine FL 32084



								3. Date Incorporated or Qualified	3a. Date of	L.ast	Report
								11/28/1978	04	[27]	/1995
2	Principal Place of Busine	ess	28	Mailing Address			: //	4. FFI Number			Applied For
<u> </u>	The particle of assets		26					59-1875404		$\perp$	Not Applicable
21	Suite, Apt. #, etc.	4.1	27	Suite. Apt. #, etc				5. Certificate of Status Desired			75 Additional e Required
23	City & State		28	City & State				Election Campaign Financing Trust Fund Contribution		•	<b>00</b> May Be ded to Fees
23	Zip	Country	-	Zip	Co	untry		8. This corporation has liability for i	ntang ble tax u	nder	s 199.032,
24	ΣÞ	25	29	]	30			Florida Statutes	No		
24]	o Name	and Address of Current		stered Agent		Τ-		10. Name and Address of New R	egistered Age	ent	
	g, Hame					81	Name				
	PELLICER, CHAI					82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)		
	28 CORDOVA S' ST. AUGUSTINE					83					
						84	City		FL	85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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 Fiorida. 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 607.0505, Florida Statutes.

SIGNATURE	greature, typied or printed name of regelered agent and title of applicates. (INC	rtt. Bugsterod Agent signature required	where reinstating
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P DELETE	1 1 TITLE	Change Addition
NAME	CHAMPION, GEORGE JR	1.2 NAME	
STREET ADDRESS	28 CORDOVA ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	14 CITY - ST ZIP	
THTLE	☐ DELETE	2 1 TRTLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		24 CITY ST-ZIP	
TITLE	DELETE	3 1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY - ST - ZIP	
TITLE	DELETE	4 1 TiTLE	Change Maddition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY - S1 - ZIP	P-1 () P-1 A 1200
TITLE	DELETE	5 1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-S*-Z-P		5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	6 1 TIFLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - S1 - ZIP		64 Cily-ST-ZP	No. 2 stand in Section 110 07(2)(b) Florida Statutes   further

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)(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 cath; 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 or need, or on an attachment with an address.

SIGNATURE: