SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $5[illegible] IF DISSOLVED, MINIMUM AMOUNT DUE TO REINS[illegible] $7[illegible]

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # F94000006375 (9)

1. Corporation Name
AGN GOLD, INC.

[redacted]

Principal Place of Business	Mailing Address
2900 WILCREST SUITE 302 HOUSTON TX 77042	2900 WILCREST SUITE 302 HOUSTON TX 77042

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/14/1994
3a. Date of Last R: 1997

2. Principal Place of Business
21
Suite, Apt. #, etc.: 22 9401 W. COLONIAL DR. #1116
City & State: 23 OCOEE FL
Zip: 24 34761 Country: 25

2a. Mailing Address
26 6161 SAVOY DR. #1020
Suite, Apt. #, etc.: 27
City & State: 28 HOUSTON TX
Zip: 29 77036 Country: 30

4. FEI Number: 76-0438093

5. Certificate of Status Desired: [X] $8.75 Fee R

6. Election Campaign Financing Trust Fund Contribution: [ ] $5.00 Added

8. This corporation owes or has paid the current year In Personal Property Tax due June 30. [ ] Yes [ ]

9. Name and Address of Current Registered Agent

RAJAN, ARIF
5100 N. 9TH AVE.
PENSACOLA FL 32504

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

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 it 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature of new registered agent (if changing) NOTE: Registered Agent signature is required on annual report.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
TITLE	PD	[ ] DELETE	1.1 TITLE	[ ] Change
NAME	RAJAN, ARIF		1.2 NAME	
STREET ADDRESS	5100 N. 9TH AVENUE #740		1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	2.1 TITLE	[ ] Change
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	3.1 TITLE	[ ] Change
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	4.1 TITLE	[ ] Change
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	5.1 TITLE	[ ] Change
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	6.1 TITLE	[ ] Change
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

LS
5.11

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-05/14/98--01012--012
***~~150.00~~ $ 158.75

14. I [illegible] 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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under 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 na appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: