

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000004740 (5)**

1. Corporation Name

ASOCIACION GNOSTICA DE ESTUDIOS DE ANTROPOLOGIA Y CIENCIAS A.C. (AGEACAC) INC.



Principal Place of Business

6741 SW CORAL WAY, #20
MIAMI FL 33155

Mailing Address

6741 SW CORAL WAY, #20
MIAMI FL 33155

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/28/1995

3a. Date of Last Report

4. FEI Number

11-3097568

Applied For
Not Applicable

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

9. Name and Address of Current Registered Agent

GUEVARA, CARLOS G
6741 SW CORAL WAY, #20
MIAMI FL 33155

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 1432.05, 12 and 1432.10(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. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Sections 1432.05, Florida Statutes.

SIGNATURE

Signature of Principal Officer or Director

Title of Principal Officer or Director

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	RINCON, JUAN	
STREET ADDRESS	83-17 BRITTON AVE.	
CITY-ST-ZIP	ELMHURST NY 11373	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LARRIERUX, LUZ E	
STREET ADDRESS	83-17 BRITTON AVE.	
CITY-ST-ZIP	ELMHURST NY 11373	
TITLE	S	<input type="checkbox"/> DELETE
NAME	EVANGELISTA, ANGELA	
STREET ADDRESS	1204 BOYNTON AVE., #2C	
CITY-ST-ZIP	BRONX NY 10472	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	GUEVARA, CARLOS G	
STREET ADDRESS	6741 SW CORAL WAY, #20	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	ACENJO, PABLO	
STREET ADDRESS	7794 NW 64 SY.	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GIRALDO, MARIA E	
STREET ADDRESS	13055 NE 6TH AVE., #218	
CITY-ST-ZIP	NORTH MIAMI FL 33161	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. 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 supplementary 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 trustee 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 checked, or on an additional page with an affidavit.

SIGNATURE: *Carlos G. Guevara*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/96 (305)895-2594
DATE

CR2E034 (12/95)