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FILED

Feb 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # G16814 (7)

1. Corporation Name  
ACGDI, INC.

Principal Place of Business

% PRIVATE TRUST CORPORATION  
P.O. BOX N-341, CHARLOTTE STREET  
NASSAU, BAHAMAS

Mailing Address

% KARP, GENAUER & LEVINE, P.A.  
2 ALHAMBRA PLAZA, #1202  
CORAL GABLES FL 33134-5202



3. Date Incorporated or Qualified 12/27/1982  
3a. Date of Last Report 05/01/1996

4. FEI Number 59-2277322  
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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

ALHAMBRA REGISTERED AGENTS INC  
2 ALHAMBRA PLAZA  
SUITE 1202  
CORAL GABLES FL 33134

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 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent 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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	EVANS, PETER BURNETT	
STREET ADDRESS	CHARLOTTE HOUSE, 2ND FLOOR	
CITY-ST-ZIP	NASSAU, BAHAMAS	
TITLE	OD	<input checked="" type="checkbox"/> DELETE
NAME	CROSBIE-JONES, ADRIAN	
STREET ADDRESS	CHARLOTTE HOUSE 2ND FLOOR	
CITY-ST-ZIP	NASSAU, BAHAMAS	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Evans, Peter Burnett	
1.3 STREET ADDRESS	Charlotte House, 2nd Floor	
1.4 CITY-ST-ZIP	Nassau, Bahamas	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Crosbie-Jones, Adrian	
2.3 STREET ADDRESS	Charlotte House, 2nd Floor	
2.4 CITY-ST-ZIP	Nassau, Bahamas	
3.1 TITLE	DST	Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Carpenter, Roger	
3.3 STREET ADDRESS	Charlotte House, 2nd Floor	
3.4 CITY-ST-ZIP	Nassau, Bahamas	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information 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 oath; 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 if changed, or on an attachment with an address.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/97 809-323-8575

Date Daytime Phone # 2161380

CR2E034 (9/96)