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Apr 29, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G29934

1. Corporation Name AMERICAN GENERAL WHOLESALE, INC.

Principal Place of Business 18640 SW 104 AVE. P.O. BOX 971028 MIAMI FL 33197

Mailing Address 18640 SW 104 AVE. P.O. BOX 971028 MIAMI FL 33197



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/16/1983
4. FEI Number 59-2370818
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 owes the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

SAUNIG, ROBERT R 8205 SW 184 LANE MIAMI FL 33157

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 607.0402 and 607.1508, 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 accept the obligations of, Section 607.0405, Florida Statutes.

SIGNATURE [Signature] DATE 04/09/99

Table with 2 main columns: OFFICERS (AND) DIRECTORS and ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include fields for Title, Name, Street Address, and City-ST-ZIP for multiple individuals.

14. I 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, with all other like empowered.

SIGNATURE: [Signature] Date 4/9/99 Daytime Phone #

CR2E034 (1/98)