04-29-1999 90012 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

D	O	Cl.	JME	ENT	#	G2	99	34

1. Corporation Name

AMERICAN GENERAL WHOLESALE, INC.

Principal Place	of Business	Mailing Address			1 Ballit bare claire rates force and a serie arest arest arest			
18640 SW 104 /	AVE.	18640 SW 104 AVE.						
P.O. BOX 97102		P.O. BOX 971028			DO NOT WRITE IN THIS SPACE			
MIAMI FL 33197	•	MIAMI FL 33197			3. Date Incorporated or Qualifed			
					03/16/1983			
2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	A	pried For	
21		26			<u>59-2370818</u>		ot Applicable	
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			
22		27						
City & State	9	City & State			6. Election Campaign Financing	•	May Be tc Fees	
Zip	Courtry	Zip	Country		8. This corporation owes the current year		1005	
	25	29	30		Persor al Property Tax.	es	13No	
24	9. Name and Address of C		130		10. Name and Address of New Registered	d Agent		
			81	Name				
SAU	nig, robert r		82	Stroot Acc	dress (P.O. Box Number is Not Acceptable)			
	SW 184 LANE		02	Sileel Acc	dress (F.O. Box Number is Not Acceptable)			
MIAM	II FL 33157		83					
			84	City		85 Zip	Code	
				1	<u>F</u> I	L I I		
11. Pursuant t	to the provisions of Scctions 60	7:0002 and 607:1508, Florida Statu	utes, the above	-named ccr	poration submits this statement for the purpose	of changing its	s registered en stered	
agent ar	egistered agent, or both, in the n familiar with, and accept	offligations of Section 907.0305, El	Authorized by Lixida Statutes		poration submits this statement for the purpose ston's board of directors. I hereby accept the application's	/\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.	2g 010104	
SIGNATURE		2L'HAMA			07/09/9	2		
	Signature, typed or printed ha he of registe	regragent and title if applicable (NO		t signature requi	red when reinstating) DATE	NO SUDEST	05/5/10/40	
12.		RSAND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS ,	Change		
TITLE	PD DODEDT D	DELETE	1.2 NAME			onlange		
NAME	SAUNIG, ROBERT R		1.2 NAME	r apporto				
STREET ADDRESS	8205 S.W. 184TH LANE							
CITY-ST-ZIP TITLE	MIAMI FL	☐ DELETE	1.4 CITY-S' 2.1 TITLE	1-ZIP		Change	Addition	
		<u>_</u>	2.2 NAME					
NAME STREET ADDRESS			2.3 STREET	CADDRESS				
CITY-ST-ZIP			2. 4 CITY-S					
TITLE		☐ DELETE	3 1 TITLE	+		Change	Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	r ADDRESS				
CITY-ST-ZIP			3.4. CITY-S	T-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY- S	r-zip				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition	
NAME			5 2 NAME					
STREET ADDRESS	•		5.3 STREET	- 1				
CITY-ST-ZIP		П 201	5.4 CITY-S' 6.1 TITLE	r-ZIP		☐ Change	Addition	
TITLE		☐ DELETE	6.2 NAME			□ change	T Vanigori	
NAME				TADDRESS				
ATREET (BODE 30)			■ UJJINEE	- DUUDLOO I				

64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not enable for the elemption 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 pide 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 recenter or trustee enpowered to secure this report as required by Chapter 607. Florida Statutes; and that my name appears in Rlock 12 or Block 13 if changed of on an attact ment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

OR DIRECTOR