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Jun 17 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 # H42636 (1)
1. Corporation Name
A G B COMMUNICATIONS CORPORATION



Principal Place of Business

Mailing Address

PO BOX 012949
MIAMI FL 33131
US

PO BOX 012949
MIAMI FL 33131
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

3. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~XXXXXXXXXX~~ KATHLEEN CROGAN
100 SOUTH BISCAYNE BLVD
STE. 1100
MIAMI FL 33131

81

Name

KATHLEEN CROGAN

82

Street Address (P.O. Box Number is Not Acceptable)

100 S. BISCAYNE BLVD. # 1100

83

84

City

MIAMI

FL

85

Zip Code

33131

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Kathleen Crogan
Signature, typed or printed name of registered agent and title, if applicable

KATHLEEN CROGAN

6/8/98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~CEO~~
NAME ~~XXXXXXXXXX~~
STREET ADDRESS ~~XXXXXXXXXX~~
CITY-ST-ZIP ~~XXXXXXXXXX~~
☒ DELETE

TITLE PD
NAME HOLLO, WAYNE
STREET ADDRESS 100 S. BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL
☐ DELETE

TITLE SPVD
NAME YAFFA, PHILLIP A.
STREET ADDRESS 100 S. BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

000002566003

06/19/98-01101-005

***150.00

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.

SIGNATURE

Wayne Hollo
6/8/98

CR2E034 (10/97)