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FILED
Jun 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **L25506** (1)

1. Corporation Name
AGIV (U.S.A.), INC.



Principal Place of Business
~~129 W. 27TH STREET
 NEW YORK NY 10001
 US~~

Mailing Address
~~129 W. 27TH STREET
 NEW YORK NY 10001-6206
 US~~

3. Date Incorporated or Qualified **10/26/1989** 3a. Date of Last Report **03/04/1996**

4. FEI Number **65-0176797** 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 **8750 NW 36TH ST #220** 26 **8750 NW 36TH ST #220**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **MIAMI** 27 **MIAMI**
 City & State City & State

23 **FL 33178** 28 **FL**
 Zip Country Zip Country

24 **33178** 25 **USA** 29 **33178** 30 **USA**

9. Name and Address of Current Registered Agent

~~RAMCHANDANI, SACHIN
 129 W. 27TH STREET
 SUITE 708
 NEW YORK NY 10001~~

**RAMCHANDANI SACHIN
 KHAN TOUQEER,
 8750 NW 36TH ST #220
 MIAMI FL 33178**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 **8750 NW 36TH ST #220**
 84 City **MIAMI** 85 Zip Code **FL 33178**

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, 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **KHAN TOUQEER** **6/12/97**
 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	P	<input type="checkbox"/> DELETE
NAME	DEVNANI, VIJAY G.	
STREET ADDRESS	129 W. 27TH STREET	
CITY - ST - ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RAMCHANDANI, SACHIN	
STREET ADDRESS	129 W. 27TH STREET	
CITY - ST - ZIP	NEW YORK NY 10001	
TITLE	M	<input type="checkbox"/> DELETE
NAME	KHAN, TOUQEER	
STREET ADDRESS	129 WEST 27TH STREET	
CITY - ST - ZIP	NEW YORK NY	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	8750 NW 36TH ST #220
1.4 CITY - ST - ZIP	MIAMI FL 33178
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	8750 NW 36TH ST #220
2.4 CITY - ST - ZIP	MIAMI FL 33178
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	8750 NW 36TH ST #220
3.4 CITY - ST - ZIP	MIAMI FL 33178
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 checked="" 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	

[Signature] **6/17/97**
Ysk dep 173.75

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]* **6/11/97 3051484010**

CR2E034 (9/96)