

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Candra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 JUL -6 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **MO5002** (4)

1. Corporation Name
AMERICAN GOVERNMENT CERTIFICATES & FUNDS CORPORATION

Principal Place of Business Mailing Address
**999 PONCE DE LEON BLVD
CORAL GABLES FL 33134** **999 PONCE DE LEON BLVD
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Created: **09/11/1984** 3a. Date of Last Report: **06/28/1994**
4. FEI Number: **59-2469665** Approved 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**
7. This corporation has adopted the incorporation code of 1993/1995 Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
22 27
23 28
24 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ENRIQUEZ, MARIA
999 PONCE DE LEON
SUITE 30
CORAL GABLES FL 33134**

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 understand the responsibilities of Section 607.0504, Florida Statutes.

SIGNATURE

Signature of the current registered agent or the incorporator

Signature of the registered agent (signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

1101 NAME	PTC ENRIQUEZ, MARIA 1234 ANDORA AVENUE CORAL GABLES FL
1102 STREET ADDRESS	
1103 CITY, ST. ZIP	
1201 NAME	VSD VILLADA, GABRIEL 8451 SW 116TH UNIT A MIAMI FL
1202 STREET ADDRESS	
1203 CITY, ST. ZIP	
1301 NAME	D ESPINOSA, CRISTINA 8325 SW 54TH AVE. MIAMI FL
1302 STREET ADDRESS	
1303 CITY, ST. ZIP	
1401 NAME	
1402 STREET ADDRESS	
1403 CITY, ST. ZIP	
1501 NAME	
1502 STREET ADDRESS	
1503 CITY, ST. ZIP	
1601 NAME	
1602 STREET ADDRESS	
1603 CITY, ST. ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (12)

1101 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1102 STREET ADDRESS		
1103 CITY, ST. ZIP		
1201 NAME	D Maria Estevez	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1202 STREET ADDRESS	1461 SW 124 CT No 13E	
1203 CITY, ST. ZIP	MIAMI, FL 33184	
1301 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1302 STREET ADDRESS		
1303 CITY, ST. ZIP		
1401 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1402 STREET ADDRESS		
1403 CITY, ST. ZIP		
1501 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1502 STREET ADDRESS		
1503 CITY, ST. ZIP		
1601 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1602 STREET ADDRESS		
1603 CITY, ST. ZIP		

14. I, the undersigned, certify that the information set forth with this filing is voluntarily furnished and that I am not applying for the exemption stated in Law Year 119 (07/1988), Florida Statutes. I further certify that the information submitted 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 registrar or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the annual report or supplemental report filed with this filing.

SIGNATURE: *Maria Enriquez* (Maria Enriquez) 6/28/95 305-445-2030