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Mar 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M15192 (1)

1. Corporation Name:
AGAMA, INC.

Principal Place of Business

201 SEVILLA AVE
SUITE 302
CORAL GABLES FL 33134

Mailing Address

201 SEVILLA AVE
SUITE 302
CORAL GABLES FL 33134-6616



3. Date Incorporated or Qualified 05/08/1985	3a. Date of Last Report 02/27/1996
4. FEI Number 59-2535855	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

MURAI, WALD, BIONDO, MATTHEWS & MORENO P.A.
25 S.E. 2ND AVENUE
25 SE SECOND AVE #900 INGRAHAM BLDG.
MIAMI FL 33131

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 607.0502 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	BUSTAMANTE, ANA L	
STREET ADDRESS	201 SEVILLA AVE. SUITE 302	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BUSTAMANTE, ALBERTO I	
STREET ADDRESS	201 SEVILLA AVE., SUITE 302	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	BUSTAMANTE DE LOPEZ, MARIA A	
STREET ADDRESS	201 SEVILLA AVE, SUITE 302	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BUSTAMANTE, ALBERTO C	
STREET ADDRESS	201 SEVILLA AVE, SUITE 302	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BUSTAMANTE, GLADYS M	
STREET ADDRESS	201 SEVILLA AVE, SUITE 302	
CITY - ST - ZIP	CORAL GABLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 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	

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 registered 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 in an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

2/24/97

Date

305-448-8811

Daytime Phone #

CR2E034 (9/96)