

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90048 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M15192

1. Corporation Name
AGAMA, INC.

Principal Place of Business

Mailing Address

201 SEVILLA AVE
SUITE 302
CORAL GABLES FL 33134

201 SEVILLA AVE
SUITE 302
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1985

4. FEI Number

59-2535855

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business
21 8190 N.W. 66th Street
Suite, Apt. #, etc.

2a. Mailing Address
26 8190 N.W. 66th Street
Suite, Apt. #, etc.

22 City & State
23 Miami, FL

27 City & State
28 Miami, FL

24 Zip 33166 Country

29 Zip 33166 Country

9. Name and Address of Current Registered Agent

CARRERAS, RAUL JR
999 PONCE DE LEON BOULEVARD
SUITE 720
CORAL GABLES FL 33134

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSTAMANTE, ANA L	1.2 NAME	
STREET ADDRESS	201 SEVILLA AVE. SUITE 302	1.3 STREET ADDRESS	8190 N.W. 66th Street
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	Miami, FL 33166
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSTAMANTE, ALBERTO I	2.2 NAME	
STREET ADDRESS	201 SEVILLA AVE., SUITE 302	2.3 STREET ADDRESS	8190 N.W. 66th Street
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	Miami, FL 33166
TITLE	TAS <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSTAMANTE DE LOPEZ, MARIA A	3.2 NAME	
STREET ADDRESS	201 SEVILLA AVE, SUITE 302	3.3 STREET ADDRESS	8190 N.W. 66th Street
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	Miami, FL 33166
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSTAMANTE, ALBERTO C	4.2 NAME	
STREET ADDRESS	201 SEVILLA AVE, SUITE 302	4.3 STREET ADDRESS	8190 N.W. 66th Street
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	Miami, FL 33166
TITLE	AT <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSTAMANTE, GLADYS M	5.2 NAME	
STREET ADDRESS	201 SEVILLA AVE, SUITE 302	5.3 STREET ADDRESS	8190 N.W. 66th Street
CITY-ST-ZIP	CORAL GABLES FL	5.4 CITY-ST-ZIP	Miami, FL 33166
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 person 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

ALBERTO BUSTAMANTE I.

April 2, 1999 (305) 448-8811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)