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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M26900 1. Corporation Name

AG CUSTOM BROKER INC.

Principal Place	e of Business	Mailing Address				IND RIÁID BERIÐ IDREF A	BIN BURN BIBTH ON	OU DUDIT BUDIC	DOWN BLOCK IN DI
2515 NW 72ND MIAMI FL 3315) AVE.	P.O. BOX 52-4045 MIAMI FL 33152		•				• .	
US	32	US '	•			DO NOT WRI	TĘ IN THIS S	PACE	
		,			3. Date Incorpor	ated or Qualifed			
					02/04/198	6	. ,	• • • •	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number			Ap	plied For
21		26			59-265695	50		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of S	Status Desired		\$8.75	
22	and the second second	27			o. Cordidate or c			Fee Re	quired
City & Stat	t e	City & State			6. Election Cam			\$5.00	
23		28			Trust Fund Co	ontribution		Added 1	o Fees
Zip	Country	Zip	Country	/	8. This corporati		-		Nork i
24	25	29	30		Personal Prop			☐Yes	No
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and A	ddress of New I	Registered A	gent	<u>· ' </u>
GON	NZALEZ, ANTONIO	•	61	Name		•			
	71 S.W. 21 ST.		82	Street A	ddress (P.O. Box Numb	er is Not Accept	able)		
	MI FL 33175				* * *		9 . 7.8 <u>5.</u> 2. 500 m.u	14 78 x 2 N	V-12- P-12- P-12-
IVIIA	WI TE 33173	•	83	1					T
			84	City				85 Zip (Code
							<u> </u>	<u> </u>	
neke kiya kiya	V G				ornoration cultimite this s	ctatement for the	purpose of c	nanging its	reastered
office or r	to the provisions of Sections 607.0502	if Florida. Such change was a	uithorized by	the comoi	ration's board of director	s. I hereby acce	ot the appoint	tment as re	gistered
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of im familiar with, and accept the obligati	if Florida. Such change was a	uithorized by	the comoi	ration's board of director	s. I hereby acce	pt the appoint	tment as re	gistered
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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 charged, or on an attachment with an address, with all other the empowered.

6.4 CITY-ST-ZIP

SIGNATURE

FILED

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90016 042 ***150.00