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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

M29452

(3)

Principal Place of Business	Mailing Address
14211 COMMERCE WAY MIAMI LAKES FL 33016	14211 COMMERCE WAY MIAMI LAKES FL 33016

FILED Mar 26 1998 8:00am Secretary of State

AMERICA GROUP FINANCIAL SERVICES, INC. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/25/1986 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-2666848 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes □ No Personal Property Tax due June 30. 24 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DEPROSPERO, RICHARD L., ATTY. 81 Name 14211 COMMERCE WAY 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI LAKES FL 33016 83 84 City 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE 1.1 TITLE Change DEPROSPERO, W. ROBERT NAME 1.2 NAME 14160 LEANING PINE DR STREET ADDRESS 1.3 STREET ADDRESS MIAMI LAKES FL CITY-ST-ZIP 1.4 CITY-ST-ZIP SDT DELETE Change Addition TITLE 2.1 TITLE DEPROSPERO, JUDY NAME 2.2 NAME 14160 LEANING PINES DR. STREET ADDRESS 2.3 STREET ADDRESS MIAMI LAKES FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE **DEPROSPERO, RICHARD** NAME 3.2 NAME 7366 BIG CYPRESS DR. STREET ADDRESS 3.3 STREET ADDRESS MIAMI LAKES FL CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 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 fijing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this ennual 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 capporation or the receiver or stustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if c)

5-23-9

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