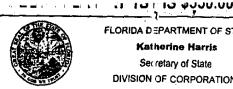
PROFIT CORPORATION ANNUAL REPORT 1999 ZOU



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name

AGD, INC.

Principal Place of Business 10200 SW 87 ST MIAMI FIA 33173 102205W ENST. Miami FIA 33173 3. Date incorporated of Qualifed 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box **Trust Fund Contribution** Added to Fees Žip Country Zip Country This corporation owes the current year Intangible ☐ Yes □No 24 Personal Property Tax. 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GADINSKY, Derothy 10220 SW 8787 MIAMI FI 33173 Street Address (P.O. Box Number is Not Acceptable) 82 83 City Zip Code 84 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change ☐ Addition ☐ DELETE TITLE 1.1 TITLE 400<u>004217184--</u> -05/15/01--01072--018 1.2 NAME NAME GADINSKY, Derothy 10220 SWE1ST. 1.3 STREET ADDRESS STREET ADDRESS ****150.00 ****150.00 1.4 CITY-ST-ZIP CITY-ST-ZIP MHANIT TI Change Addition DELETE TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST-ZIP CITY-ST-ZIP Addition Change DELETE TITLE 3.1 TITLE 3.2 NAME -- -NAME 3 3 STREET ADDRESS STREET ADORESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE TITLE 4.1 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition

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 changed, or on an attachment with an address, with all other like empowered.

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Dorothy GADINSky

DELETE

DELETE

Change

☐ Addition

SECRETARY OF STATE

DIVISION OF CORPORATIONS

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