

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

FILED
Apr 28 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 # P15089 (6)
1. Corporation Name
AMERICAN GENERAL REALTY INVESTMENT CORPORATION



Principal Place of Business
2929 ALLEN PKWY
SUITE A36-01
HOUSTON TX 77019-2155
US

Mailing Address
PO BOX 3247
SUITE A36-01
HOUSTON TX 77253
US

3. Date Incorporated or Qualified
07/07/1987

3a. Date of Last Report
05/01/1996

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	4. FEI Number 74-6046915	Applied For 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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	PD	<input type="checkbox"/> DELETE
NAME	RASMUSSEN, NICHOLAS R	
STREET ADDRESS	2929 ALLEN PKY	
CITY-ST-ZIP	HOUSTON TX 77019	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HAMSTRA, SONIA W	
STREET ADDRESS	2929 ALLEN PKY	
CITY-ST-ZIP	HOUSTON TX 77019	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CLAPSADDLE, DON R	
STREET ADDRESS	2929 ALLEN PKY	
CITY-ST-ZIP	HOUSTON TX 77019	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KUPSTAS, LAWRENCE	
STREET ADDRESS	2929 ALLEN PKY	
CITY-ST-ZIP	HOUSTON TX 77019	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	YOUNG, AUSTIN P	
STREET ADDRESS	2929 ALLEN PKY	
CITY-ST-ZIP	HOUSTON TX 77019	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GERLACH, OTTO B III	
STREET ADDRESS	2929 ALLEN PKY	
CITY-ST-ZIP	HOUSTON TX 77019	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jamileh B. Soufan	
1.3 STREET ADDRESS	2929 Allen Parkway	
1.4 CITY-ST-ZIP	Houston, TX 77019	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	W. Michael Schaffer	
2.3 STREET ADDRESS	2929 Allen Parkway	
2.4 CITY-ST-ZIP	Houston, TX 77019	
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 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.

SIGNATURE: _____

4/18/97

(713) 522-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Otto B Gerlach III, Secretary

Date

Daytime Phone #

0628152

CR2E034 (9/96)