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

**PROFIT CORPORATION** ANNUAL REPORT 1997

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUI Corporation	MENT # <b>P93000</b> (	039627 (3)			
A.G.G. II	NTERNATIONAL CORP.			A LOCATORET AND LEGICA COLON ACCOUNTS OF THE	KIN BOYAN HIJIN TOYYA BELIA HIBIY TANI TANI
Principal Place	e of Rusinoss	Mailing Address			
SOLO-OW 21 STREET- HOLLYWOOD FL 33023		7180 SW 18TH STREET PEMBROKE PINES FL 33023-2030			
US		U\$		3. Date Incorporated or Qualified 06/04/1993	3a. Date of Last Report 04/11/1996
2. Principal P 21 045.	3 PEMBROKE Rd	28. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number 65-0434350	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 /10//	ywood, FL	City & State	I. = . =	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 33	023 25 US	Zip 29	Country 30		Yes 🔀 No
ÇDA!	9. Name and Address of Current RACINO, JOSEPH D	Hegisterea Agent	81 Nar	10. Name and Address of New F	egistered Agent
7160 SW 16TH STREET PEMBROKE PINES FL 33023			<b>82</b> Stre	ect Address (P.O. Box Number is Not Accepta	able)
			83		
			84 City	/	FL 85 Zip Code
SIGNATURE	to the provisions of Sections of Journal egistered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or protect name of registered agent			ned corporation submits this statement for the corporation's board of directors. I hereby accepted when reinstating	purpose of changing its registered ept the appointment as registered
12.	OFFICERS AND		19.	ADDITIONS/CHANGES TO OFF	
TITLE	PTD	☐ DELETE	1.1 TIT; E		Change 🔲 Addition
NAME	SPARACINO, JOSEPH D		1.2 NAME	6453 PEMBROK HOllywood, FL	FRI
STREET ADDRESS	<del>5019 OW 21 STREET</del> HOLLYWOOD FL		1.8 STREET ADDRE	S Hally land El	23173
CITY-ST-ZIP	HOLLINOODIL	DELFTE	1.4 CITY - \$T - 7IP 2 1 TITLE	HOTTY WOOD, PL	Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRE	SS	İ
CITY-ST-ZIP			2. 4 CITY-\$1-ZIF		
TITLE	<del></del> -	☐ DELFTE	3.9 TO LE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.8 STREET ADDRE	SS	
CITY-ST-ZIP		DELETE	3.4 CITY-ST-ZIP		Change Addition
TITLE		נ טנונונ	4.4 TITLE		Change [1] Addition
NAME STREET ADDRESS			4. 2 NAME 4.8 STREET ADDRE	ec	
CITY-ST-ZIP			4.4 CITY - \$1 - ZIP	30	
TITLE		☐ DELETE	5,4 THILE		Change Addition
NAME		<del></del> · · ·	5.2 NAME		_ • • • • • • • • • • • • • • • • • •
STREET ADDRESS			5.8 STREET ADDRE	ss	
CITY-ST-ZIP			5.4 CITY - ST- 2IP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
muit			C D MANE		ŀ

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 truenged, or of an attachment with an address.

JOSEPH D. SPARACINO, 1/06

**FILED** 

May 06 1997 8:00am

Secretary of State