

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

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May 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000066614 (7)**

1. Corporation Name  
**A.G.S. & ASSOCIATES, INC.**



Principal Place of Business <b>3055 NW 203RD LANE MIAMI FL 33055</b>	Mailing Address <b>3055 NW 203RD LANE MIAMI FL 33056-2024</b>
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

3. Date Incorporated or Qualified <b>09/20/1993</b>	3a. Date of Last Report <b>08/07/1996</b>
4. FEI Number <b>65-0439939</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**SAWYER, AGATHA G  
3055 NW 203RD LANE  
MIAMI FL 33055**

81. Name	10. Name and Address of New Registered Agent
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code <b>FL 33056</b>

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	DP <input type="checkbox"/> DELETE
NAME	SAWYER, AGATHA G
STREET ADDRESS	3055 NW 203RD LANE
CITY-ST-ZIP	MIAMI FL 33055
TITLE	DT <input type="checkbox"/> DELETE
NAME	SHERMAN, KIM
STREET ADDRESS	3055 NW 203RD LANE
CITY-ST-ZIP	MIAMI FL 33055
TITLE	DS <input type="checkbox"/> DELETE
NAME	HENFIELD, CARLOS
STREET ADDRESS	3055 NW 203RD LANE
CITY-ST-ZIP	MIAMI FL 33055
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sawyer, Agatha G
1.3 STREET ADDRESS	3055 N.W. 203rd Lane
1.4 CITY-ST-ZIP	Miami FLA. 33056
2.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sherman, Kim
2.3 STREET ADDRESS	3055 N.W. 203rd Lane
2.4 CITY-ST-ZIP	Miami FLA. 33056
3.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Henfield, Carlos
3.3 STREET ADDRESS	3055 N.W. 203rd Lane
3.4 CITY-ST-ZIP	Miami FLA. 33056
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 included 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: Agatha G Sawyer Agatha G Sawyer 4/21/97 305624-0778  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)