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Feb 05 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 # P93000071282 (6)

1. Corporation Name

AGS REAL ESTATE HOLDINGS, INC.



Principal Place of Business

16445 COLLINS AVE
UNIT 721
MIAMI BEACH FL

Mailing Address

407 LINCOLN RD.
STE-20
MIAMI BEACH FL 33139-3018
US

3. Date Incorporated or Qualified
10/14/1993

3a. Date of Last Report
01/23/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 6075 SUNSET DRIVE

27 Suite, Apt. #, etc.

27 STE. 201

28 City & State

28 S. MIAMI, FL.

29 Zip

29 33143

30 Country

30 USA

4. FEI Number

65-0445236

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

JEROME GROSSMAN
407 LINCOLN ROAD
STE-20
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name

JEROME GROSSMAN

82 Street Address (P.O. Box Number is Not Acceptable)

6075 SUNSET DRIVE (STE. 201)

83

84 City

S. MIAMI

FL

85 Zip Code

33143

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

2/1/97

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME DA SILVA, SALUSTIANO C
STREET ADDRESS 16445 COLLINS AVE UNIT 721
CITY-ST-ZIP MIAMI BEACH FL

TITLE D ☐ DELETE
NAME DA SILVA, ELIDIA H
STREET ADDRESS 16445 COLLINS AVE UNIT 721
CITY-ST-ZIP MIAMI BEACH FL

TITLE S ☐ DELETE
NAME GROSSMAN, JEROME
STREET ADDRESS 407 LINCOLN RD. STE-20
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME GROSSMAN, JEROME
3.3 STREET ADDRESS 6075 SUNSET DRIVE (STE. 201)
3.4 CITY-ST-ZIP S. MIAMI, FL. 33143

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/97 (305) 662-6772

CR2E034 (9/96)