FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000059243 (3)**

1. Corporation Name
A.G.M. PRODUCTS, INC.

Principal Place of Business	Mailing Address
7891 WEST FLAGLER STREET STE. 249 MIAMI FL 33144	7891 WEST FLAGLER STREET STE. 249 MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/09/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21 7850 S.W. 23 Street	26 7850 S.W 23 Street	IS 65-0531814	Applied For / Not Applicable
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27 —	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 Miami Florida	City & State 28 Miami, Florida	6. Election Campaign Financing Trust Fund Contribution ☒	$5.00 May Be Added to Fees
Zip 24 33155 Country 25 U.S.A.	Zip 29 33155 Country 30 U.S.A.	8. This corporation has ability for ... Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent

GONZALEZ, ANGELA
7891 WEST FLAGLER STREET STE. 249
MIAMI FL 33144

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 _____ DATE
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required where indicated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD GONZALEZ, ANGELA 7891 WEST FLAGLER STREET STE. 249 MIAMI FL 33144	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☒ Change ☐ Addition P MARTIN BANDIN 7850 SW 23 Street MIAMI FL 33155
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Martin Bandin 4/20/95 305-262-7429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01B6500 CP