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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

P94000059243 (3) DOCUMENT #

A.G.M. PRODUCTS, INC.

Principal Place of Business Mailing Address 7850 SW 23 ST 7850 SW 23ST. MIAM! FL 33155 MIAMI FL 33155 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/09/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 21 26 65-0531814 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GONZALEZ, ANGELA 7891 WEST FLAGLER STREET STE. 249 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33144** 83 Zio Code 85 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 DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1,1 TITLE Change Addition NAME MARTIN, BANDIN 1.2 NAME 7850 SW 23ST. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETÉ 2.1 TITLE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY-ST-ZIP ☐ DELETE ☐ Change Additio TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition 4. 2 NAME

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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.

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

CITY - ST - ZIP

STREET ADDRESS

SIGNATURE: MARTIN BANDINE PHILA

4.3 STREET ADDRESS 4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE

62 NAME

DELETE

DELETE

1-12-98

Change

Change

Addition

Addition

FILED

Jan 26 1998 8:00am

Secretary of State