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FILED
Mar 18 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 # P94000083344 (9)

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

Principal Place of Business
**1714 SW 104TH CT
 MIAMI FL 33165**

Mailing Address
**1714 SW 104TH CT
 MIAMI FL 33165-7330**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

9. Name and Address of Current Registered Agent

**CRESPO, MANUEL A
 2701 PONCE DE LEON BLVD
 SUITE 302
 CORAL GABLES FL 33134**

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 City
 84 Zip Code
FL 85

11. Pursuant to the provisions of Sections 607.0507, 607.0508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent to 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 607.0508, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/>
NAME	SENIOR, GLORIA M	
STREET ADDRESS	% 1714 SW 104TH CT	
CITY- ST- ZIP	MIAMI FL 33165	
TITLE	DVP	<input type="checkbox"/>
NAME	SENIOR JR. ANDRES	
STREET ADDRESS	1714 SW 104TH COURT	
CITY- ST- ZIP	MIAMI FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
12 NAME				
13 STREET ADDRESS				
14 CITY- ST- ZIP				
15 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
16 NAME				
17 STREET ADDRESS				
18 CITY- ST- ZIP				
19 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
20 NAME				
21 STREET ADDRESS				
22 CITY- ST- ZIP				
23 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
24 NAME				
25 STREET ADDRESS				
26 CITY- ST- ZIP				

14. I do hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(5)(b), Florida Statutes. I further certify that the information included on this annual report or supplementary annual report is true and accurate, and that my signature shall have the same legal effect as if made under oath. 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, concerning a firm with an address:

SIGNATURE: *Gloria M. Senior*

3-12-97

CR2E034 (9/95)