

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

|   |   |  |
|---|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 995000097676  
1. Corporation Name  
AGP Investment Corp.

FILED

98 JUL -2 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4501 Palm Ave #102  
Hls, FL 33012

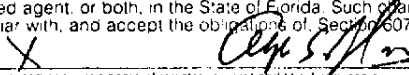
Mailing Address  
4501 Palm Ave #102  
Hls, FL 33012

DO NOT WRITE IN THIS SPACE

|                                |                     |                     |                     |   |  |  |  |
|--------------------------------|---------------------|---------------------|---------------------|---|--|--|--|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 4. FEI Number<br>05-0550699   |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/>   |  | \$8.75 Additional Fee Required                         |  |
| 22                             | City & State        | 27                  | City & State        | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  |  | \$5.00 May Be Added to Fees                            |  |
| 23                             | Zip                 | 28                  | Zip                 | 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |
| 24                             | Country             | 29                  | Country             |   |  |  |  |

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent<br>Poyl, Alfredo G.<br>4501 Palm Ave #102<br>Hls, FL 33012 |  |  |  | 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

|                            |                     |                |                      |   |              |                     |                       |
|----------------------------|---------------------|----------------|----------------------|---|--------------|---------------------|-----------------------|
| 12. OFFICERS AND DIRECTORS |                     |                |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |              |                     |                       |
| TITLE                      | NAME                | STREET ADDRESS | CITY-ST-ZIP          | 1. TITLE  | 2. NAME      | 3. STREET ADDRESS   | 4. CITY-ST-ZIP        |
|                            | DP Poyl, Alfredo G. | 16645 NW 84th  | Miami Lakes FL 33185 |   | 100002588621 | -07/14/98-01072-017 | ****900.00 ****900.00 |
| TITLE                      | NAME                | STREET ADDRESS | CITY-ST-ZIP          | 5. TITLE  | 6. NAME      | 7. STREET ADDRESS   | 8. CITY-ST-ZIP        |
|                            |                     |                |                      |   |              |                     |                       |
| TITLE                      | NAME                | STREET ADDRESS | CITY-ST-ZIP          | 9. TITLE  | 10. NAME     | 11. STREET ADDRESS  | 12. CITY-ST-ZIP       |
|                            |                     |                |                      |   |              |                     |                       |
| TITLE                      | NAME                | STREET ADDRESS | CITY-ST-ZIP          | 13. TITLE   | 14. NAME     | 15. STREET ADDRESS  | 16. CITY-ST-ZIP       |
|                            |                     |                |                      |   |              |                     |                       |
| TITLE                      | NAME                | STREET ADDRESS | CITY-ST-ZIP          | 17. TITLE   | 18. NAME     | 19. STREET ADDRESS  | 20. CITY-ST-ZIP       |
|                            |                     |                |                      |   |              |                     |                       |
| TITLE                      | NAME                | STREET ADDRESS | CITY-ST-ZIP          | 21. TITLE   | 22. NAME     | 23. STREET ADDRESS  | 24. CITY-ST-ZIP       |
|                            |                     |                |                      |   |              |                     |                       |

REINSTATEMENT 97

TS 7/6

14. I 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:  DATE 7/29/98

CR2E034 (10/97)