

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000018976 (7)

1. Corporation Name
AD GUSTUM CORPORATION



Principal Place of Business: **180 CRANDON BOULEVARD KEY BISCAYNE FL 33146**
Mailing Address: **180 CRANDON BOULEVARD KEY BISCAYNE FL 33146**

3. Date Incorporated or Qualified: **03/06/1995**
3a. Date of Last Report: **03/06/1995**
4. FEI Number: **525 119034**
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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent

**ALVAREZ, GEORGE I
180 CRANDON BOULEVARD
KEY BISCAYNE FL 33146**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and their Title (Date Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ALVAREZ, GEORGE I	
STREET ADDRESS	14714 SW 113TH LANE	
CITY - ST - ZIP	MIAMI FL 33196	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SANCHEZ, ROGELIO	
STREET ADDRESS	1131 EAST 8TH COURT	
CITY - ST - ZIP	HIALEAH FL 33010	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SANCHEZ, LETCIA	
STREET ADDRESS	1131 EAST 8TH COURT	
CITY - ST - ZIP	HIALEAH FL 33010	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ALVAREZ, ANGELA	
STREET ADDRESS	4714 SW 113TH LANE	
CITY - ST - ZIP	MIAMI FL 33196	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY - ST - ZIP		
2 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY - ST - ZIP		
3 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY - ST - ZIP		
4 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY - ST - ZIP		
5 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY - ST - ZIP		
6 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, 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: *George I Alvarez* President Date: **306 3659333**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)