

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000060236 (3)**

1. Corporation Name

**AG MANAGEMENT, INC.**



Principal Place of Business

**561 SOUTHEAST 18TH AVENUE  
POMPANO BEACH FL 33060**

Mailing Address

**561 SOUTHEAST 18TH AVENUE  
POMPANO BEACH FL 33060**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

g. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

3. Date Incorporated or Qualified

**08/03/1995**

3a. Date of Last Report

4. FEI Number

**65-0601846**

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0507 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 of the person who is changing the information

Signature of the Agent

DATE

12. OFFICERS AND DIRECTORS

|                |                                  |                          |        |
|----------------|----------------------------------|--------------------------|--------|
| TITLE          | <b>PD</b>                        | <input type="checkbox"/> | DELETE |
| NAME           | <b>GANDON, FERNANDO</b>          |                          |        |
| STREET ADDRESS | <b>561 SOUTHEAST 18TH AVENUE</b> |                          |        |
| CITY-ST-ZIP    | <b>POMPANO BEACH FL 33060</b>    |                          |        |
| TITLE          |                                  | <input type="checkbox"/> | DELETE |
| NAME           |                                  |                          |        |
| STREET ADDRESS |                                  |                          |        |
| CITY-ST-ZIP    |                                  |                          |        |
| 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

|                   |  |                          |        |                          |          |
|-------------------|--|--------------------------|--------|--------------------------|----------|
| 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    |  |                          |        |                          |          |
| 27 TITLE          |  | <input type="checkbox"/> | Change | <input type="checkbox"/> | Addition |
| 28 NAME           |  |                          |        |                          |          |
| 29 STREET ADDRESS |  |                          |        |                          |          |
| 30 CITY-ST-ZIP    |  |                          |        |                          |          |

STATE OF FLORIDA  
03/26/96 01106-018  
\$225.00

~~STATE OF FLORIDA~~  
~~03/26/96 01106-018~~  
~~\$225.00~~

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 or its 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 in an attachment with an address.

SIGNATURE: *[Signature]* **FERNANDO GANDON** 02/06/96 305.785.3240  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)