

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 02 1997 8:00am  
Secretary of State

DOCUMENT # P95000089554 (6)

1. Corporation Name  
C.A.G., INC.



Principal Place of Business  
13104 S.W. 10 TER.  
MIAMI FL 33176

Mailing Address  
13104 S.W. 10 TER.  
MIAMI FL 33176-1306

3. Date Incorporated or Qualified 11/20/1995	3a. Date of Last Report 03/29/1996
4. FEI Number 65-0623523	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 13456 S.W. 102 LANE Suite, Apt. #, etc. 22 City & State 23 MIAMI, FLORIDA Zip 24 33186 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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9. Name and Address of Current Registered Agent

LEAL, CARLOS  
13456 S.W. 102 LN.  
MIAMI FL 33186

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPY LEAL, CARLOS 13456 S.W. 102 LN. MIAMI FL 33186 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEAL, CARLOS	1.2 NAME	
STREET ADDRESS	13456 S.W. 102 LN.	1.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33186	1.4 CITY- ST- ZIP	
TITLE	DV- GARCES, JOHN 13104 S.W. 10 TER. MIAMI FL 33176 <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D/VICE-PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARCES, JOHN	2.2 NAME	CYNTHIA D. LEAL
STREET ADDRESS	13104 S.W. 10 TER.	2.3 STREET ADDRESS	13456 S.W. 102 Ln.
CITY- ST- ZIP	MIAMI FL 33176	2.4 CITY- ST- ZIP	MIAMI, FL 33186
TITLE	DS ARIAS, SAMUEL E 6000 FOUNDATION BLVD., #807 MIAMI FL 33176 <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARIAS, SAMUEL E	3.2 NAME	
STREET ADDRESS	6000 FOUNDATION BLVD., #807	3.3 STREET ADDRESS	12502 NW 11 TRAIL
CITY- ST- ZIP	MIAMI FL 33176	3.4 CITY- ST- ZIP	MIAMI, FLORIDA 33182
TITLE	D/T FABIOLA ARIAS 12592 NW 11 TRAIL MIAMI FLORIDA 33182 <input type="checkbox"/> DELETE	4.1 TITLE	THREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FABIOLA ARIAS	4.2 NAME	
STREET ADDRESS	12592 NW 11 TRAIL	4.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FLORIDA 33182	4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/97 (305)

Daytime Phone #

0236212

CR2E034 (9/96)