

5-2-97 B-6/30 C
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May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000021676 (7)

1. Corporation Name
AGE TECHNOLOGY CORP.

Principal Place of Business

760 S.E. 8TH STREET
HIALEAH FL 33010

Mailing Address

760 S.E. 8TH STREET
HIALEAH FL 33010-5809

3. Date Incorporated or Qualified 03/08/1996	3a. Date of Last Report
4. FEI Number 65 0648874	Applied For <input type="checkbox"/> 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	2a. Mailing Address
21. 8405 NW 53 ST Suite, Apt. #, etc.	26. 8405 NW 53 ST Suite, Apt. #, etc.
22. C200	27. C200
23. Miami, FL City & State	28. Miami, FL City & State
24. 33166 Zip	29. 33166 Zip
25. Dade County	30. Dade County

9. Name and Address of Current Registered Agent

FITZSIMMONS, ROBERT V
9485 SUNSET DRIVE
SUITE A-145
MIAMI FL 33173

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	MORALES, ALEXANDER	1.2 NAME	Muniz, Guillermo A
STREET ADDRESS	760 S.E. 8TH STREET	1.3 STREET ADDRESS	8405 NW 53 ST, Suite C200
CITY-ST-ZIP	HIALEAH FL 33010	1.4 CITY-ST-ZIP	Miami, FL 33166
TITLE	VD	2.1 TITLE	VD
NAME	MURILLO, DELMAR M	2.2 NAME	Fuentes, Elio M
STREET ADDRESS	760 S.E. 8TH STREET	2.3 STREET ADDRESS	8405 NW 53 ST #C200
CITY-ST-ZIP	HIALEAH FL 33010	2.4 CITY-ST-ZIP	Miami, FL 33166
TITLE	SD	3.1 TITLE	SD
NAME	MUNIZ, GUILLERMO A	3.2 NAME	Murillo, Delmar M
STREET ADDRESS	760 S.E. 8TH STREET	3.3 STREET ADDRESS	8405 NW 53 ST #C200
CITY-ST-ZIP	HIALEAH FL 33010	3.4 CITY-ST-ZIP	Miami, FL 33166
TITLE	TD	4.1 TITLE	
NAME	FUENTES, ELIO M	4.2 NAME	
STREET ADDRESS	760 S.E. 8TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33010	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:  4/26/97 (305) 597-8887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #