


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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000026573 1. Corporation Name A & G INTERNATIONAL HOLDING CORP.					
Principal Place of Business 4344 Northwest 9th Avenue Pompano Beach, Florida 33064			Mailing Address 4344 Northwest 9th Avenue Pompano Beach, Florida 33064		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 3/20/96 3a. Date of Last Report n/a 4. FEI Number 65-0662374 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent Aaron B. Oblon 4344 Northwest 9th Avenue Pompano Beach, Florida 33064			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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
12. OFFICERS AND DIRECTORS					
TITLE: President <input type="checkbox"/> DELETE NAME: Aaron B. Oblon STREET ADDRESS: 4344 Northwest 9th Avenue CITY-ST-ZIP: Pompano Beach, Florida 33064					
TITLE: Secretary <input type="checkbox"/> DELETE NAME: Jaime Saidenstat STREET ADDRESS: 4344 Northwest 9th Avenue CITY-ST-ZIP: Pompano Beach, Florida 33064					
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: _____					
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					
800002182558 -05/19/97--01031--040 ***165.00					
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: _____ Pres. 4/30/97 954-971-1190 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR AARON B. OBLON, PRESIDENT					

CR2E034 (9/96)