

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 19, 1999 8:00 am  
Secretary of State

04-19-1999 90041 004 \*\*\*150.00

DOCUMENT # P98000000314

1. Corporation Name  
ACQUISITION GROUP MANAGEMENT, INC.

Principal Place of Business  
8960 S HOLLYBROOK BLVD STE 303  
PEMBROKE PINES FL 33025

Mailing Address  
8960 S HOLLYBROOK BLVD STE 303  
PEMBROKE PINES FL 33025

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1998

4. FEI Number

65-0805366

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1860 WEST AVE.

Suite, Apt. #, etc.

22 #220

City & State

23 MIAMI BEACH, FL

Zip

24 33140

Country

2a. Mailing Address

26 1860 WEST AVE

Suite, Apt. #, etc.

27 #220

City & State

28 MIAMI BEACH, FL

Zip

29 33140

Country

30

9. Name and Address of Current Registered Agent

SINGER, BERNARD A  
4925 A SHERIDIAN ST  
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name EMANUEL BENJAMIN

82 Street Address (P.O. Box Number is Not Acceptable)  
1860 WEST AVE.

83

84 City MIAMI BEACH

FL

85 Zip Code

33140

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 Emanuel Benjamin, President

Emanuel Benjamin, President

4/13/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME BENJAMIN, EMANUEL  
STREET ADDRESS 8960 S HOLLYBROOK BLVD STE 303  
CITY-ST-ZIP PEMBROKE PINES FL 33025

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME EMANUEL BENJAMIN  
1.3 STREET ADDRESS 1860 WEST AVE #220  
1.4 CITY-ST-ZIP MIAMI BEACH, FL 33140

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE: Emanuel Benjamin, President Emanuel Benjamin 4/13/99 305-538-6943

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0146197

CR2F034 (11/98)