## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P980000~11768		· · FILED .
·		02 SEP 16 AH 10: 47
AGI Industries, Inc.		SECRETARY OF STATE
DO NOT WRITE IN THIS SPACE		TALLAHASSEE, FLORIIVA
	g Address	
11030 5W 13 S+. Suite, Apt. #, etc. Suite, Apt. #	Apt. #, etc.	DO NOT WRITE IN THIS SPACE
Penbroke Pines, F1 City&	State	4. FEI Number Applied For Not Applied For Not Applicable
_ Zip 3_3025 Country USA Zip	Country	5. Certificate of Status Desired 5. Fee Required
,	-Name J	7. Name and Address of Current Registered Agent  On ancial SVCS, Course.
DO NOT WRITE		P. Box Number Is Not Acceptable 17 .
IN THIS SPACE		- 7-0-2112
8. The above named entity submits this statement for the purpose	e of changing its registered office or register	ed agent, or both, in the State of Florida.
	ndra Aranielt	DIRVIA. 9/11/02
Signature, typed in printed name of industered agent and title if applicable. (NOTE: Registered Agent signature required when rensating)  DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	After May 1, Fee is \$550.00 Amended UBR is \$61.25 e Check Payable to Department of Stat	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees
11. OFFICERS AND DIRECTORS		
MAME 11030 SW 13St.	NAME G	-09/19/0201080007
STREET ADDRESS CITY-ST-ZIP Pembroke Pines, Pl	1302 City Strap	CRZE034 (1201)
TITLE NAME	TITLE NAME	CRZE
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS COLV. ST. 20P	
TITLE NAME	TITEL NAME	
STREET ADDRESS  CITY-ST-ZIP	STREET ADDRESS CITY, ST, ZIP	DO NOT WRITE
NTLE .	TILE	IN THIS SPACE
NAME STREET ADDRESS	NAME STREET AGDRESS	
TITLE	CSTY ST JP	
NAME STREET ADDRESS	name Street address	
CITY-ST-ZIP	taty-st-ap	
NAME STREET ADDRESS	NAME STREET ADDRESS	
CITY-ST-ZIP	CRY-ST-2P	
13. 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 report or supplied ental 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 11 or on an		
attachment with an address, with all other like empowered		
SIGNATURE: HATMIO LAMATINO VIVO 8 14 02 301 7 1 7 6 7  BIGHATURE AND TYPED OR PRIVILED NAME OF SIGNING OFFICER OR DIRECTOR  Disc Daytime Phone 2		
(b)		

**AGI Industries, Inc.** 

2082

11030 SW 13th St Pembroke Pines, FL. 33025 USA

Phone 305-591-1569 Fax 305-591-7485

July 9th, 2002

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State of Florida Div of Corporation PO Box 6327 Tallahassee, FL. 32314

RE: AGI Industries, Inc. Doc: P98000041768

To whom it may concern:

This letter is to inform you that we have never received a renewal form from your office, if it wasn't for my bank I would never have known that my corporation was dissolved. I am enclosing a check for \$600.00 for the renewal fees from the time that the corporation was open until now.

Please update your records to reflect the changes and reinstate my corporation. If you have any questions please do not hesitate to call me.

Sincerely,

Antopio G lamarino

President