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03-01-1999 90249 010 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000101782

1. Corporation Name
AGS PROPERTIES CORPORATION

Principal Place of Business: 6075 SUNSET DRIVE #201 SOUTH MIAMI FL 33143
 Mailing Address: 6075 SUNSET DRIVE #201 SOUTH MIAMI FL 33143



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	12/03/1998	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	65-0879699	
24	Country	29	Country	Applied For	
		30		Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GROSSMAN, JEROME 6075 SUNSET DRIVE #201 SOUTH MIAMI FL 33143				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]* DATE: 1/20/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT & TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALUSTIANO COSTA LIMA DA SILVA	1.2 NAME	SALUSTIANO COSTA LIMA DA SILVA
STREET ADDRESS	6075 SUNSET DRIVE #201	1.3 STREET ADDRESS	6075 SUNSET DRIVE # 201
CITY-ST-ZIP	SOUTH MIAMI FL 33143	1.4 CITY-ST-ZIP	SOUTH MIAMI FL 33143
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VICE-PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELIDIA HERTZOG DA SILVA	2.2 NAME	ELIDIA HERTZOG DA SILVA
STREET ADDRESS	6075 SUNSET DRIVE #201	2.3 STREET ADDRESS	6075 SUNSET DRIVE # 201
CITY-ST-ZIP	SOUTH MIAMI FL 33143	2.4 CITY-ST-ZIP	SOUTH MIAMI FL 33143
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALZIRA DENISE HERTZOG DA SILVA	3.2 NAME	ALZIRA DENISE HERTZOG DA SILVA
STREET ADDRESS	6075 SUNSET DRIVE #201	3.3 STREET ADDRESS	6075 SUNSET DRIVE # 201
CITY-ST-ZIP	SOUTH MIAMI FL 33143	3.4 CITY-ST-ZIP	SOUTH MIAMI FL 33143
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VICE PRESIDENT & SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	JEROME GROSSMAN
STREET ADDRESS		4.3 STREET ADDRESS	6075 SUNSET DRIVE # 201
CITY-ST-ZIP		4.4 CITY-ST-ZIP	SOUTH MIAMI FL 33143
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 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: *[Signature]* DATE: 1/20/99 TIME: (305) 662-6772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)