

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 JAN 25 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S23828

(4)

1. Corporation Name

AGX OF FLORIDA, INC.

Principal Place of Business

7900 GLADES RD
STE 420
BOCA RATON FL 33434

Mailing Address

7900 GLADES RD
STE 420
BOCA RATON FL 33434

DO NOT WRITE IN THIS SPACE:

3. Date Incorporated or Qualified

01/09/1991

3a. Date of Last Report

02/15/1994

4. FEI Number

65-0236122

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRIEDMAN, ANDREW R.
5355 TOWN CENTER ROAD
SUITE 801
BOCA RATON FL 33486

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	CORREIA, LUIZ ARTHUR
STREET ADDRESS	7900 GLADES RD STE 420
CITY-ST-ZIP	BOCA RATON FL
TITLE	DVS
NAME	BATISTA, WERNER
STREET ADDRESS	7900 GLADES ROAD SUITE 420
CITY-ST-ZIP	BOCA RATON FL
TITLE	DC
NAME	BATISTA, EIKE F
STREET ADDRESS	7900 GLADES RD STE 420
CITY-ST-ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	7900 GLADES RD. STE 300
1.4 CITY-ST-ZIP	BOCA RATON FL 33434
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	7900 GLADES RD. STE 300
2.4 CITY-ST-ZIP	BOCA RATON FL 33434
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	7900 GLADES RD STE 300
3.4 CITY-ST-ZIP	BOCA RATON FL 33434
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUIZ CORREIA

JAN 19/94

(407) 8528100