

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

FILED

Jan 30 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 # **S23828** (4)  
1. Corporation Name  
**AGX INVESTMENTS, INC.**



Principal Place of Business  
**7900 GLADES RD  
STE 420  
BOCA RATON FL 33434**

Mailing Address  
**7900 GLADES RD  
STE 420  
BOCA RATON FL 33434-4104**

3. Date Incorporated or Qualified  
**01/09/1991**

3a. Date of Last Report  
**02/02/1996**

4. FEI Number  
**65-0236122**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$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  
Suite, Apt #, etc  
22  
City & State  
23  
Zip  
24  
Country  
25

2a. Mailing Address  
26  
Suite, Apt #, etc  
27  
City & State  
28  
Zip  
29  
Country  
30

9. Name and Address of Current Registered Agent  
**FRIEDMAN, ANDREW R.  
5355 TOWN CENTER ROAD  
SUITE 801  
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent  
31 Name  
32 Street Address (P.O. Box Number is Not Acceptable)  
33  
34 City  
35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and box if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	CORREIA, LUIZ ARTHUR	
STREET ADDRESS	7900 GLADES RD STE 300	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	BATISTA, WERNER	
STREET ADDRESS	7900 GLADES RD STE 300	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	BATISTA, EIKE F	
STREET ADDRESS	7900 GLADES RD STE 300	
CITY-ST-ZIP	BOCA RATON FL	
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	

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: X *[Signature]* 1/24/97 (561) 852 8100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)