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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name S23828

(4)

AGX INVESTMENTS, INC.

FILED	
Mar 02 1998 8:00an	1
Secretary of State	

AGX INVESTMENTS, INC.											
Principal Place of Business					Mailing Address						
1	00 GLADES				•						
ST	E 420	· -			7900 GLADES RD STE 420 BOCA RATON FL 33434						DO NOT WRITE IN THIS SPACE
BOCA RATON FL 33434 BOCA RATON FL 33434							- *****				3. Date Incorporated or Qualified
											01/09/1991
_	Principal P	lace of Busin	ness		2a. Mailing Address						4. FEI Number Applied For
21	Suite, Apt.	# ata			26 Suite Ant 4 ste						65-0236122 Not Applicable
22					Suite, Apt. #, etc.						5. Certificate of Status Desired
23	Dity & State	6			City & State						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
L ^z	Zip		Country		Z _I pCountry				У		8. This corporation owes or has paid the current year intangible
24 25 29			30					Personal Property Tax due June 30. Yes No			
 		9. Name	and Addres	s of Current	Regist	tered Agent		81	ī	Name	10. Name and Address of New Registered Agent
		iedman, a						*'		ranie	
		55 TOWN (IITE 801	CENTER RO	DAD				82		Street Addr	ress (P.O. Box Number is Not Acceptable)
			N FL 33486					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											
SiGi	NATURE	Signature, typed	or printed name	ol registered agen	and title	il applicable.	(NOTE:	Registered Age	ent	signature requir	red when reinstating) DATE
12.			OF	FICERS AND	DIREC			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		DP				☐ DEI	LETE	1.1 TITLE			L_] Change L_] Addition
NAME			IA, LUIZ AF					1.2 NAME			, , , , , , , , , , , , , , , , , , ,
	et address		LADES RD	STE 300				1.3 STREET		ř	
TITLE	-ST-ZIP		RATON FL			T DE	LETE	1.4 CITY - S 2.1 TIT_E	ST-	ZIP	☐ Change ☐ Addition
NAME	1	DVS	A WEDNED	,		المان المان	LLIL	2.1 III.E			Oracing Addition
	ET ADORESS		a, werner Lades RD					2.3 STREET	T A T	nnaess	
1	-ST-ZIP		RATON FL	31L 300				2.4 CITY-5			
TITLE		DC	MIDITIE			☐ DEI	LETE	3.1 TITLE	<u>v.</u>	£11	☐ Change ☐ Addition
NAME	.		A, EIKE F					3.2 NAME			
STREE	ET ADDRESS		LADES RD	STE 300				3.3 STHEET	T AE	DDRESS	
CITY-	·ST-ZIP		RATON FL					3.4. CITY-5	<u> 51-</u>	- ZIP	
TITLE						DEI	LETE	4.1 TITLE			Change Addition
NAME	.							4. 2 NAME			
\$TREE	ET ADDRESS							4.3 STREET	F AD	DDRESS	
CITY-	-ST-ZIP							4.4 CITY-S	ST - 2	ZIP	
TITLE						☐ DEI	LETE	5.1 TITLE			L_J Change L_J Addition
NAME								5.2 NAME			
	ET ADDRESS							5.3 STREET			
	ST-ZIP	-				□ DEI	LETE	5.4 CITY - S 6.1 TITLE	- I	ZIP	Change Addition
TITLE						L 000		6.2 NAME			E Change E Adollion
NAME	ET ADDRESS							6.3 STREET	[A.D	nnress	1
l	ST-ZIP							6.4 CITY-S			
	T L	ertify that the	e information	supplied wit	h this fi	ling does not o	qualify for	***	. 6 (an assessed in	Section 119.07(3)(i), Florida Statutes. I further certify that the information
14. I hereby certify that the information supplied with this string coes not quality for the exemption stated in Section 19.07(3)(f), Florida statutes. I further certify that the information indicated on this annual report or supplied enter a property street 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 empowers 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.											