

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

FILED
Apr 08, 1999 8:00 am
Secretary of State
 04-08-1999 90036 014 ***150.00

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 523828
 1. Corporation Name
AGX INVESTMENTS INC.

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/12/91

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 owes the current year intangible Personal Property Tax. Yes No

| | |
|---|--|
| 2. Principal Place of Business 27 123 NW 13th ST. Suite, Apt. #, etc. SUITE 307 City & State BOCA RATON FL Zip 33432 Country USA | 2a. Mailing Address 28 123 NW 13th ST. Suite, Apt. #, etc. SUITE 307 City & State BOCA RATON FL Zip 33432 Country USA |
|---|--|

9. Name and Address of Current Registered Agent
LUIZ CORREIA

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name LUIZ CORREIA |
| 82 Street Address (P.O. Box Number is Not Acceptable) 21670 CLUB VILLA TERRACE |
| 83 |
| 84 City BOCA RATON FL 85 Zip Code 33433 |

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: **3/30/99**

12. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE PRESIDENT <input type="checkbox"/> DELETE | NAME LUIZ CORREIA |
| STREET ADDRESS 21670 CLUB VILLATER. | CITY-ST-ZIP BOCA RATON FL 33433 |
| TITLE <input type="checkbox"/> DELETE | NAME |
| STREET ADDRESS | CITY-ST-ZIP |
| TITLE <input type="checkbox"/> DELETE | NAME |
| STREET ADDRESS | CITY-ST-ZIP |
| 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 |

[Signature]

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: **3/30/99** 561 3915997

CR2E034 (1/198)