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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # V28286

1. Corporation Name

A.G.A. OF MIAMI, INC.

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Principal Place of Business	Mailing Address	
6201 NW 24TH AVE	6201 NW 24TH AVE	
SHAND CL ON AT	SALADEL EL COLAT	

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90143 022 \*\*\*150.00

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Principal Place	e of Business	Mailing Address						
6201 NW 24TH		6201 NW 24TH AVE						
MIAMI FL 33147	/ 	MIAMI FL 33147				DO NOT WRITE IN THIS	SPACE	
	The state of the s			<u></u>		3. Date Incorporated or Qualifed		
	•		1			04/14/1992		ļ
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
21		26				65-0326537	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75	Additional
22	•	27				5. Certificate of Status Desired	Fee Re	quired
City & State	e	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	o Fees
Zip	Country	Zip	Cor	intry		8. This corporation owes the current year Int		
24	25	29	30			Personal Property Tax.	Yes	₩No
	9. Name and Address of Curre	nt Registered Agent	-	04	N1	10. Name and Address of New Registered	Agent	
EAD	EL, RAGHAD N		•	81	Name			}
	BAY DRIVE			82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
1	MI-BEACH FL 33141			02				
11110-11	HI BEACHTE SO,141			83				
				84	City	FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607,1508, Florida Statu	ites, the a	above-i	named corpor	ration submits this statement for the purpose of is board of directors 1 hereby accept the appoin	changing its	registered
office or r	egistered agent, or both, in the State in familiar with, and accept the obligation	of Florida. Such change was ations of Section 607 0505. FI	authorizeo orida Stat	d by th tutes.	ne corporation	rs:board;or directors. I hereby accept the appoint	timent as re	gistered
	and descept the cong.							-
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOT	E: Registered	d Agent s	signature required v	when reinstating) DATE		;
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	P	☐ DELETE	1.1 TI	ITLE	15	ADEL RAGHADA N 2501 NE 13th a MIAMI PLA 331	Change	Addition
NAME	FADEL, RAGHADA N		1.2 N	AME		ADEL RIGHTANT	- A	r-423
STREET ADDRESS	1000 BAY DR		1.3 \$	TREET A	ADDRESS /	2501 17 6 131 20	7 1	· · ·   }
CITY-ST-ZIP	-MIAMI BEACH FL 33141			ITY-ST-	ZIP `	MIAMI TEA SSI	<u>6</u> [	Addition (
TITLE		☐ DELETE	2,1 ∏	M.E			Change	Addition
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CITY-ST-ZIP					Į			
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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: