

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzana B. Mothman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L82757** (0)

1. Corporation Name
ARGENTO CORPORATION



Principal Place of Business

Mailing Address

% GUY LORET DE MOLA
432 WOODCREST DR.
KEY BISCAYNE FL 33149
US

432 WOODCREST RD
P.O. BOX 442907
KEY BISCAYNE FL 33149
US

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. # or P.O. Box

26 432 WOODCREST RD

22 City & State

27 City & State
28 KEY BISCAYNE FL 33149

23 Zip Country

29 33149 30 USA

9. Name and Address of Current Registered Agent

LORET DE MOLA, GUY
432 WOODCREST RD.
KEY BISCAYNE FL 33149

3. Date Incorporated or Qualified 06/25/1990	3a. Date of Last Report 03/23/1995
4. FEI Number 65-0203643	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributor <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83 City	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 607.06(2) and 607.06(3)(b), 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 agree the designation of Section 607.06(3)(b), Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

12.1 NAME	<input type="checkbox"/> DELETE
D LORET DE MOLA, GUY 432 WOODCREST RD. KEY BISCAYNE FL	
12.2 NAME	<input type="checkbox"/> DELETE
D LORET DE MOLA, SIMONETTA 432 WOODCREST RD. KEY BISCAYNE FL	
12.3 NAME	<input type="checkbox"/> DELETE
12.4 NAME	<input type="checkbox"/> DELETE
12.5 NAME	<input type="checkbox"/> DELETE
12.6 NAME	<input type="checkbox"/> DELETE
12.7 NAME	<input type="checkbox"/> DELETE
12.8 NAME	<input type="checkbox"/> DELETE
12.9 NAME	<input type="checkbox"/> DELETE
12.10 NAME	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE	
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 TITLE	
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 TITLE	
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied to this filing is voluntary furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 on box 8, 12, or Block 13 if provided in an attached worksheet address.

SIGNATURE: *Suzana*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-96 (305) 361-2975

CR2E034 (12/95)