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Feb 11 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 # L82757 (0)
1. Corporation Name
ARGENTO CORPORATION



Principal Place of Business: % GUY LORET DE MOLA, 432 WOODCREST RD., KEY BISCAIYNE FL 33149 US
Mailing Address: 432 WOODCREST RD., P. O. B OX 442907, KEY BISCAIYNE FL 33149-1639 US

3. Date Incorporated or Qualified: 06/25/1990
3a. Date of Last Report: 02/15/1996
4. FEI Number: 65-0203643
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

2. Principal Place of Business: 21 same
2a. Mailing Address: 26 432 WOODCREST RD
22 Suite, Apt. #, etc.: 27
23 City & State: 28 KEY BISCAIYNE
24 Zip: 25 Country: 29 FI 30 33149

9. Name and Address of Current Registered Agent: LORET DE MOLA, GUY, 432 WOODCREST RD., KEY BISCAIYNE FL 33149
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 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: Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D LORET DE MOLA, GUY [] DELETE	1.1 TITLE	[] Change [] Addition
NAME	LORET DE MOLA, GUY	1.2 NAME	
STREET ADDRESS	432 WOODCREST RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	KEY BISCAIYNE FL	1.4 CITY - ST - ZIP	
TITLE	D LORET DE MOLA, SIMONETTA [] DELETE	2.1 TITLE	[] Change [] Addition
NAME	LORET DE MOLA, SIMONETTA	2.2 NAME	
STREET ADDRESS	432 WOODCREST RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	KEY BISCAIYNE FL	2.4 CITY - ST - ZIP	
TITLE	[] DELETE	3.1 TITLE	[] Change [] Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	[] DELETE	4.1 TITLE	[] Change [] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	[] DELETE	5.1 TITLE	[] Change [] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	[] DELETE	6.1 TITLE	[] Change [] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: SIMONETTA LORET DE MOLA 1-31/97 (305) 3612975
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day:me Phone #

CR2E034 (9/96)