

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

**FILED**

**Apr 01 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 # P95000016996 (7)**

1. Corporation Name  
**ARGOS IS MIAMI, INC.**



Principal Place of Business  
**11401 SW 40 ST., #334 MIAMI FL 33165 US**

Mailing Address  
**11401 SW 40 ST., #334 MIAMI FL 33165-3339 US**

3. Date Incorporated or Qualified **03/01/1995**      3a. Date of Last Report **04/19/1996**

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
**11762 N. Kendall Dr., #305**  
22 City & State  
**Miami, Florida,**  
23 Zip Country  
**33186 Dade**

2a. Mailing Address  
26 Suite, Apt. #, etc.  
**11762 N. Kendall Dr., #305**  
27 City & State  
**Miami, Florida,**  
28 Zip Country  
**33186 Dade**

4. FEI Number **65-0559887**      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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**MARCOS CONCEPCION  
14334 SW, 96 TERRACE #329 MIAMI FL 33186**

10. Name and Address of New Registered Agent  
81 Name **Marcos Concepcion**  
82 Street Address (P.O. Box Number is Not Acceptable) **14334 SW, 96 Terrace,**  
83  
84 City **Miami, Florida,** FL 85 Zip Code **33186**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CONCEPCION, MARCOS J	
STREET ADDRESS	14334 S.W. 96TH TERRACE	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ARMANDO A GARCIA	
STREET ADDRESS	189 CARLISLE DR	
CITY - ST - ZIP	MIAMI SPRINGS FL	
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	

**300002130843  
-04/02/97--01005--026  
\*\*\*165.00**

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 no name appears in Block 12 or Block 13 if changed, or on an attached document with an address.

SIGNATURE: \_\_\_\_\_ DATE: **3/13/97** (305) 333-3405

CR2E034 (9/96)