

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**APPROVED  
AND  
FILED**

**1997 OCT -3 PM 1:16**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000090832 (3)**  
 1. Corporation Name  
**ARGENTUM OF SOUTH BEACH, CORPORATION**



Principal Place of Business <b>1200 WEST AVE. SUITE 1121 MIAMI BEACH FL 33139</b>	Mailing Address <b>1200 WEST AVE. SUITE 1121 MIAMI BEACH FL 33139</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

3. Date Incorporated or Qualified <b>11/29/1995</b>	3a. Date of Last Report <b>07/15/1996</b>
4. FEI Number <b>65-0621045</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**ANTONUCCI, AMADEO  
846 WASHINGTON AVENUE  
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

81. Name <b>Pablo Franzeze</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>1200 West Ave # 1121</b>
83. City <b>Miami Beach</b>
84. State <b>FL</b>
85. Zip Code <b>33139</b>

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: *Pablo Franzeze* DATE: **09/25/97**

12. OFFICERS AND DIRECTORS

TITLE	<b>PVST</b>	<input type="checkbox"/> DELETE
NAME	<b>FRANCEZZE, PABLO</b>	
STREET ADDRESS	<b>1200 WEST AVE., SUITE 1121</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FRANCEZZE, PABLO</b>	
STREET ADDRESS	<b>11200 WEST AVE., SUITE 1121</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Franzeze, Pablo.</b>
2.3 STREET ADDRESS	<b>1200 West Ave # 1121</b>
2.4 CITY-ST-ZIP	<b>Miami Beach, FL 33139</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>100002313981--0</b>
3.4 CITY-ST-ZIP	<b>-10/07/97--01050--023</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>***550.00</b>
4.3 STREET ADDRESS	<b>***550.00</b>
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	

*10/13/97*

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: *[Signature]* DATE: **09/12/97**

CR2E034 (4/97)