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Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000052156 (1)

1. Corporation Name
FPL GROUP ARGENTINA, INC.



Principal Place of Business: **11760 US HWY. 1, STE. 600 N. PALM BEACH FL 33408**
 Mailing Address: **11760 US HWY. 1, STE. 600 N. PALM BEACH FL 33408**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/11/1997

2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0768769	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		27		<input type="checkbox"/>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	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 See Attached
24	25	29	30		

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEON, J.E.
9250 W. FLAGLER ST.
MIAMI FL 33174

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	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	1.1 TITLE	AS
NAME	TANCER, EDWARD F	1.2 NAME	TANCER, EDWARD F
STREET ADDRESS	11760 US HWY. 1, STE. 600	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. PALM BEACH FL 33408	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	DV
NAME		2.2 NAME	ACLAN, MIGUEL J
STREET ADDRESS		2.3 STREET ADDRESS	11760 US HIGHWAY ONE SUITE 600
CITY-ST-ZIP		2.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408
TITLE		3.1 TITLE	DV
NAME		3.2 NAME	LEIGHTON, MICHAEL L
STREET ADDRESS		3.3 STREET ADDRESS	11760 US HIGHWAY ONE SUITE 600
CITY-ST-ZIP		3.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408
TITLE		4.1 TITLE	DT
NAME		4.2 NAME	SAMIL, DILEK L
STREET ADDRESS		4.3 STREET ADDRESS	700 UNIVERSE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	JUNO BEACH FL 33408
TITLE		5.1 TITLE	S
NAME		5.2 NAME	COYLE, DENNIS P
STREET ADDRESS		5.3 STREET ADDRESS	700 UNIVERSE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	JUNO BEACH FL 33408
TITLE		6.1 TITLE	AS
NAME		6.2 NAME	SAMIL, DILEK L
STREET ADDRESS		6.3 STREET ADDRESS	700 UNIVERSE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	JUNO BEACH FL 33408

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.

SIGNATURE: DENNIS P. COYLE, SECRETARY

2/18/98 (561)694-4644

CR2E034 (10/97)