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Apr 14, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000052156

1. Corporation Name
FPL GROUP ARGENTINA, INC.



Principal Place of Business: 700 UNIVERSE BLVD JUNO BEACH FL 33408
 Mailing Address: ATTN: FRANCES M. CARPENTER 700 UNIVERSE BLVD JUNO BEACH FL 33408

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	06/11/1997	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Country	65-0768769	
24	Country	29	Country	Applied For	
25	Country	30	Country	Not Applicable	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		5. Certificate of Status Desired	
LEON, J.E. 9250 W. FLAGLER ST. MIAMI FL 33174		81 Name		<input type="checkbox"/> \$8.75 Additional Fee Required	
		82 Street Address (P.O. Box Number is Not Acceptable)		<input type="checkbox"/> \$5.00 May Be Added to Fees	
		83		6. Election Campaign Financing Trust Fund Contribution	
		84 City		<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		85 Zip Code		8. This corporation owes the current year Intangible Personal Property Tax.	
		FL		As Attached	

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	DATE
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TANCER, EDWARD F	1.2 NAME	Yackira, Michael W.
STREET ADDRESS	11760 US HWY. 1, STE. 600	1.3 STREET ADDRESS	700 Universe Blvd.
CITY-ST-ZIP	N. PALM BEACH FL 33408	1.4 CITY-ST-ZIP	Juno Beach FL 33408
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ACLAN, MIGUEL J	2.2 NAME	Leighton, Michael L.
STREET ADDRESS	11760 US HWY 1, STE 600	2.3 STREET ADDRESS	700 Universe Blvd.
CITY-ST-ZIP	N PALM BCH FL 33408	2.4 CITY-ST-ZIP	Juno Beach FL 33408
TITLE	DV <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEIGHTON, MICHAEL L	3.2 NAME	Aclan, J. Miguel
STREET ADDRESS	11760 US HWY 1, STE 600	3.3 STREET ADDRESS	700 Universe Blvd.
CITY-ST-ZIP	N PALM BCH FL 33408	3.4 CITY-ST-ZIP	Juno Beach FL 33408
TITLE	DT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T/AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAMIL, DILEK L	4.2 NAME	Samil, Dilek L.
STREET ADDRESS	700 UNIVERSE	4.3 STREET ADDRESS	700 Universe Blvd.
CITY-ST-ZIP	JUNO BEACH FL 33408	4.4 CITY-ST-ZIP	Juno Beach FL 33408
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COYLE, DENNIS P	5.2 NAME	Coyle, Dennis P.
STREET ADDRESS	700 UNIVERSE	5.3 STREET ADDRESS	700 Universe Blvd.
CITY-ST-ZIP	JUNO BCH FL 33408	5.4 CITY-ST-ZIP	Juno Beach FL 33408
TITLE	AS <input checked="" type="checkbox"/> DELETE	6.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAMIL, DILEK L	6.2 NAME	Carpenter, Frances M.
STREET ADDRESS	700 UNIVERSE	6.3 STREET ADDRESS	700 Universe Blvd.
CITY-ST-ZIP	JUNO BCH FL 33408	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, with all other like empowered.

SIGNATURE: *Frances M. Carpenter* **FRANCES M. Carpenter** 3/5/99 561-691-7171

CR25034 (11/98)