

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S46537** (4)

1. Corporation Name
ARGEN-FLOORS CORPORATION, INC.



Principal Place of Business: P.O. BOX 172208, HIALEAH FL 33017, US
Mailing Address: P.O. BOX 172208, HIALEAH FL 33017, US

3. Date Incorporated or Qualified: **04/19/1991**
3a. Date of Last Report: **05/23/1995**
4. FEI Number: **65-0264344**
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

2. Principal Place of Business: 21 **10753 SW 104 ST.**
Suite, Apt. #, etc.:
22
City & State: 23 **MIAMI FL**
Zip: 24 **33176** Country: 25 **USA**
2a. Mailing Address: 26 **P.O. BOX 172208**
Suite, Apt. #, etc.:
27
City & State: 28 **HIALEAH FL**
Zip: 29 **33017** Country: 30 **U.S.A.**

9. Name and Address of Current Registered Agent
MILITELLO, JUAN
6571 SW 34 STREET
MIAMI FL 33155

10. Name and Address of New Registered Agent
81 Name: **JUAN MILITELLO**
82 Street Address (P.O. Box Number is Not Acceptable): **10753 SW 104 STREET**
83
84 City: **MIAMI** FL 85 Zip Code: **33176**

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: _____

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	MILITELLO, JUAN	
STREET ADDRESS	6571 S.W. 34TH STREET	
CITY-ST-ZIP	MIAMI FL 33155	
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

11 TITLE	PSTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	JUAN MILITELLO	
13 STREET ADDRESS	6800 SW 40 STREET #504	
14 CITY-ST-ZIP	MIAMI FL 33155	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 register 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 thereto.

SIGNATURE: _____ DATE: **4/30/96** (305) 2731950

CR2E034 (12/95)