

**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 # **V52749** (1)

1. Corporation Name  
**ARGENGLOBE EXPORT INC.**



Principal Place of Business  
~~660 NE 105TH ST  
MIAMI SHORES FL 33138~~

Mailing Address  
~~660 NE 105TH ST  
MIAMI SHORES FL 33138~~

3. Date Incorporated or Qualified <b>07/23/1992</b>	3a. Date of Last Report <b>04/27/1995</b>
4. FEI Number <b>65-0345321</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>1599 EAST LAKE WAY</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>1599 EAST LAKE WAY</b> Suite, Apt. #, etc.
22	27
23 City & State <b>FORT LAUDERDALE (R)</b>	28 City & State <b>FORT LAUDERDALE (R)</b>
24 Zip <b>33326</b>	25 Country <b>USA</b>
29 Zip <b>33326</b>	30 Country <b>USA</b>

9. Name and Address of Current Registered Agent

**SOUTHAM, ARTURO**  
**660 NE 105TH ST**  
**MIAMI SHORES FL 33138**

10. Name and Address of New Registered Agent

81 Name **IGLESIAS, LUIS**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1383 Sea Grape Circle**

83

84 City **Ft. Lauderdale** FL 85 Zip Code **33326**

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, Sections 607.0505, Florida Statutes.

SIGNATURE: *Ana La Greca*

12. OFFICERS AND DIRECTORS

TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SOUTHAM, ARTURO</b>	
STREET ADDRESS	<b>860 N.W. 105 STREET</b>	
CITY-ST-ZIP	<b>MIAMI SHORES FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>IGLESIAS, LUIS</b>	
STREET ADDRESS	<b>1383 SEA GRAPE CIRCLE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</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	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>ANA ALICIA LA GRECA</b>	
1.3 STREET ADDRESS	<b>1383 SEAGRAPE CIRCLE</b>	
1.4 CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33326</b>	
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		

14. I do hereby certify that the information furnished 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 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 from an attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/96 (305)336 1520

CR2E034 (12/95)