

FILE NOW: FILING FEE AFTER MAY 1 IS \$200.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 254525 (9)
1. Corporation Name
ARGOS, INC.



Principal Place of Business: HANS W HANNAU, 20 ISLAND AVE. #1208, MIAMI BEACH FL 33139
Mailing Address: HANS W HANNAU, 20 ISLAND AVE. #1208, MIAMI BEACH FL 33139

3. Date Incorporated or Qualified: 12/30/1961
3a. Date of Last Report: 04/20/1995

2. Principal Place of Business: 21 20 Island Ave. Apt. 1208
2a. Mailing Address: 26 same

4. FEI Number: 59-0946007
Applied For: Not Applicable

22 Suite, Apt. #, etc.: same

5. Certificate of Status Desired: \$8.75 Additional Fee Required

23 City & State: Miami Beach, Fla
28 City & State: same

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

24 Zip: 33139
25 Country: USA
29 Zip: same
30 Country: same

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HANNAU, HANS W
20 ISLAND AVE. #1208
MIAMI BEACH FL 33139

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HANNAU, HANS W	
STREET ADDRESS	20 ISLAND AVE. #1208	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HANNAU, ELIZABETH A	
STREET ADDRESS	20 ISLAND AVE. #1208	
CITY - ST - ZIP	MIAMI BEACH FL	
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 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 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 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: X *H. W. Hanna* President (305) 538-2912
Date: _____ Daytime Phone: _____

CR2E034 (12/95)