

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 307133 (9)

1. Corporation Name

ARGENT COMPANY INC



Principal Place of Business

801 S. BAYSHORE DR.
P. O. BOX 18
MIAMI FL 33131

Mailing Address

801 S. BAYSHORE DR.
P. O. BOX 18
MIAMI FL 33131

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

HILMAR, GEIGER
2226 SW 183 TERR
SUITE 3000
PEMBROKE PINES FL 33029

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, we (the named corporation) submit 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 607.1509, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Agent

Date

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE NAME STREET ADDRESS CITY, ST, ZIP	1. TITLE 12 NAME 13 STREET ADDRESS 14 CITY, ST, ZIP
2. TITLE NAME STREET ADDRESS CITY, ST, ZIP	2. TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP
3. TITLE NAME STREET ADDRESS CITY, ST, ZIP	3. TITLE 32 NAME 33 STREET ADDRESS 34 CITY, ST, ZIP
4. TITLE NAME STREET ADDRESS CITY, ST, ZIP	4. TITLE 42 NAME 43 STREET ADDRESS 44 CITY, ST, ZIP
5. TITLE NAME STREET ADDRESS CITY, ST, ZIP	5. TITLE 52 NAME 53 STREET ADDRESS 54 CITY, ST, ZIP
6. TITLE NAME STREET ADDRESS CITY, ST, ZIP	6. TITLE 62 NAME 63 STREET ADDRESS 64 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exception stated in Section 119.07(3), Florida Statutes. I further certify that the information indicated on this annual report or a subsequent 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 do so for 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:

Bridgette Geiger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Bridgette Geiger

3-25-96

371-5363

CR2E034 (12/95)