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PROFIT
CORPORATION
ANNUAL REPORT

Amended 1997

DOCUMENT # 307153

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

FILED
97 DEC 23 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

Argent Company, Inc.

Principal Place of Business	Mailing Address
801 South Bayshore Dr. Miami, Florida 33131	801 South Bayshore Dr. P.O. Box 18 Miami, Florida 33131

2. Principal Place of Business	2a. Mailing Address
21 801 South Bayshore Dr.	26 801 South Bayshore Dr.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 P.O. Box 18
City & State 23 Miami, Florida 33131	City & State 28 Miami, Florida 33131
Zip 24 33131 / Country 25 USA	Zip 29 33131 / Country 30 USA

3. Date Incorporated or Qualified: 7/13/66
3a. Date of Last Report: 5/12/97
4. FEI Number: 59-1145677 [ ] Applied For [ ] Not Applicable
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

9. Name and Address of Current Registered Agent

Hillmar, Geiger
2226 S.W. 183 Terr., Suite 3000
Pembroke Pines, FL 33029

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

100002382584--3
-12/24/97--01074--003
*****61.25 FL 88 *****61.25

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 (for F.I. Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	Hillmar, Geiger 2226 S.W. 183 Terr. Pembroke Pines, FL 33029	[X] DELETE	11 TITLE PD 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP Cazenave, Veronica 9591 Fontainbleu Blvd., #605 Miami, FL 33172	[X] Change [ ] Addition
TITLE VD NAME STREET ADDRESS CITY-ST-ZIP	Francois, Schmon 1237 N.E. 136 Terr. Pembroke Pines, FL 33029	[X] DELETE	21 TITLE VD 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP Cazenave, Veronica 9591 Fontainbleu Blvd., #605 Miami, FL 33172	[X] Change [ ] Addition
TITLE ST NAME STREET ADDRESS CITY-ST-ZIP	Geiger, Brigitte 2226 S.W. 183 Terr. Pembroke Pines, FL 33029	[X] DELETE	31 TITLE ST 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP Cazenave, Veronica 9591 Fontainbleu Blvd., #605 Miami, FL 33172	[X] Change [ ] Addition
TITLE VD NAME STREET ADDRESS CITY-ST-ZIP	Hillmar, Geiger 2226 S.W. 183 Terr. Pembroke Pines, FL 33029	[X] DELETE	41 TITLE VD 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP Cazenave, Veronica 9591 Fontainbleu Blvd., #605 Miami, FL 33172	[X] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	[ ] Change [ ] Addition

12-23-97

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Veronica Cazenave 12-17-97 (305)207-1339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #