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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 agent, or both, in the State of Florida. Statutes, the above named corporation's board of directors. I hereby accept the abovintment as registered statement for the purpose of changing its registered agent, or both, in the State of Florida. Statutes, the above named corporation's board of directors. I hereby accept the abovintment as registered statement in the statement for the purpose of changing its registered. SIGNATURE Sequence in provide name of registered agent agent and the i statement of the purpose of changing its registered. 12. OFFICERS AND DIRECTORS 13. ADDITIONSCHANGES TO OFFICERS AND DIRECTORS IN 12 11. IML UMA, GUSTAVO R 2165 NW 17 AVE. 13. ADDITIONSCHANGES TO OFFICERS AND DIRECTORS IN 12 11. IML DOVST 11. IML DELETE 11. IML DOVST 11. IML DOVST 11. IML DELETE 11. IML DATE 11. IML DELETE 11. IML <td< td=""><td></td><td></td><td>MAMI</td><td>FX 9317</td><td></td><td></td></td<>			MAMI	FX 9317		
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14. I 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 encoder and the information.	agent 1 a SIGNATURE 12. 11TLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME AME	Signature, typed or privited name of OFF PD LIMA, GUSTAVO R 2165 NW 17 AVE. MIAMI, FL 00000 DVST LIMA, EDITH 2165 NW 17 AVE.	ns 607.0502 and 607. In the State of Florida at the obligations of Se registered agent and into 1 a0	1508, Florida Statu Such change was ection 607.0505, Fid infectable (NOT PRS DELETE DELETE DELETE	84 City es, the above-named cor authorized by the corpore orida Statutes. E Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	
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 or an attachment with an address.	agent 1 a SIGNATURE 12. 11TLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE AME TREET ADDRESS CITY-ST-ZIP TITLE AME TREET ADDRESS	Signature, typed or privited name of OFF PD LIMA, GUSTAVO R 2165 NW 17 AVE. MIAMI, FL 00000 DVST LIMA, EDITH 2165 NW 17 AVE.	ns 607.0502 and 607. In the State of Florida at the obligations of Se registered agent and into 1 ap	1508, Florida Statu Such change was ection 607.0505, Fid infectable (NOT PRS DELETE DELETE DELETE	84 City es, the above-named cor authorized by the corpore orida Statutes. E Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS	

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JUNE 10, 1999

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS ANNUAL REPORTS P.O. BOX 1500 TALLAHASSEE, FL 32302-1500

ENCLOSED PLEASE FIND OUR CHECK FOR THE AMOUNT OF \$ 150.00 WITH COPY OF 1998 PROFIT CORPORATION ANNUAL REPORT.

PLEASE EXCUSE OUR DELAY IN FILING, BUT WE MOVED AND HAVE NOT RECEIVED THE 1999 REPORT.

SINCEREI

GUSTAVO R. LIMA PRESIDENT

> 5959 N.W. 35th Avenue, Miami, Florida 33142-2003 - U.S.A. Tel. (305) 634-2300 • Fax (305) 634-5681/5199 argusproducts@algus.net http://www.