FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 2:07

DO NOT WRITE IN THIS SPACE

DOCUMENT # F05684 (8)

1. Corporation Name
ARGO AMERICAN EXPORT SALES, INC.

Principal Place of Business
~~10101~~ 10175 W. SAMPLE ROAD
CORAL SPRINGS FL 33065

Mailing Address
~~10101~~ 10175 W. SAMPLE ROAD
CORAL SPRINGS FL 33065

3. Date Incorporated or Qualified: 11/17/1980
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-2117398 — Applied For / Not Applicable

2. Principal Place of Business
21 10175 W. SAMPLE RD
Suite, Apt. #, etc.
22 CORAL SPRINGS
City & State
23 FLORIDA
Zip 24 33065 Country 25 U.S.A.

2a. Mailing Address
26 10175 W. SAMPLE RD
Suite, Apt. #, etc.
27 CORAL SPRINGS
City & State
28 FLORIDA
Zip 29 33065 Country 30 U.S.A.

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

KARALLUS, ARGO .
1791 N.W. 82ND AVE.
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent
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, 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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VICE-PRESIDENT ☐ Change ☒ Addition
NAME	KARALLUS, ARGO D.	1.2 NAME	HEATHER K. SANCHEZ
STREET ADDRESS	1791 N.W. 82ND AVE.	1.3 STREET ADDRESS	1309 NW 125TH TERRACE
CITY ST ZIP	CORAL SPRINGS FL	1.4 CITY ST ZIP	SUNRISE, FL 33323
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	KARALLUS, JUDITH	2.2 NAME	
STREET ADDRESS	1791 N.W. 82ND AVE.	2.3 STREET ADDRESS	
CITY ST ZIP	CORAL SPRINGS FL	2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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(1)(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: [signature] 4/10/95 305-341-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0108900 CP