2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000034871

1. Entity Name
ARGUS INTERNATIONAL, LC

Principal Place of Business	Mailing Address
80 SOUTHWEST 8TH STREET, SUITE 3100 MIAMI, FL 33130	80 SOUTHWEST 8TH STREET, SUITE 3100 MIAMI, FL 33130

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03022004   Chg-LLC   CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 39-0094908   [X] Applied For   [ ] Not Applicable

5. Certificate of Status Desired   [ ]   **$5.00** Additional Fee Required

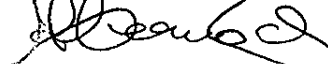| 6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BEFELER, GEORGE 80 SOUTHWEST 8TH STREET, SUITE 3100 MIAMI, FL 33130	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES		
TITLE: MM/M NAME: Roberto Beguillard STREET ADDRESS: 10125 NW 116 Way #5 CITY-ST-ZIP: Medley, FL 33178	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change	[ ] Addition
TITLE: MM/M NAME: Alfonso Hernandez STREET ADDRESS: 10125 NW 116 Way #5 CITY-ST-ZIP: Medley, FL.	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change	[ ] Addition
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11. 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____   4-10-04   (305) 536-8858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #
ALFONSO HERNANDEZ