
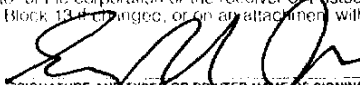


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M08354 1. Corporation Name ARGUS CONSTRUCTION CORP.					
Principal Place of Business 16101 N.W. 54th Avenue Miami, Florida 33014			Mailing Address 16101 N.W. 54th Avenue Miami, Florida 33014		
2. Principal Place of Business 21 Suite Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11-29-1984 3a. Date of Last Report 03-14-96	
4. FEI Number 59-2508926		Applied For Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent Ford, Eugene, Jr. 16101 N.W. 54th Avenue Miami, Florida 33014			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL		
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 of signature and printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition		
14. I, _____, 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 and data 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 any attachment with an address.			700002127877 -03/28/97--01143--009 ***173.75		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR EUGENE FORD JR.			3/20/97 Date (305) 822-6222 Daytime Phone #		

CR2E034 (9/96)