



**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91357 049 \*\*\*158.75

<b>DOCUMENT # P02000097568</b>					
1. Entity Name <b>ARGENPER INTERNATIONAL CORPORATION</b>					
Principal Place of Business <b>3501 SW 107TH AVENUE MIAMI FL 33165</b>			Mailing Address <b>3501 SW 107TH AVENUE MIAMI FL 33165</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number <b>74-3062161</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>DIAZ, NELSON 3501 SW 107 AVENUE MIAMI FL 33165</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>DPST</b> <input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ALVA ESTHER MATADE</b>		NAME		
STREET ADDRESS	<b>3135 NORMANDY DRIVE APT 4312</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>		CITY-ST-ZIP		
TITLE	<b>PST</b> <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MIGUEL ANGEL CHERO INCA</b>		NAME	<b>Miguel Angel Chero Ynca</b>	
STREET ADDRESS	<b>3501 SW 107 AVE</b>		STREET ADDRESS	<b>President, Secretary and</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33165</b>		CITY-ST-ZIP	<b>Treasurer</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			SIGNATURE REQUIRED		
			04-24-03		305)554-7724
			Date		Daytime Phone #

CR2E034 (10/02)