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 FEB -7 PM 3:00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P93000071891 (4)

1. Corporation Name
ARGAL ENTERPRISES, INC.

Principal Place of Business	Mailing Address
815 NW 57TH AVE STE - 409 MIAMI FL 33126 US	815 NW 57TH AVE STE - 509 MIAMI FL 33126 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified: 10/11/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0448602 — ☐ Applied For ☐ Not Applicable
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

CURREA, MICHAEL A
1200 NW 78 AVE
NO. 212
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name: GUILLERMO LUQUE
82 Street Address (P.O. Box Number is Not Acceptable)
83 9930 N.W 47 TERRACE
84 City: MIAMI FL 85 Zip 33178

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: JANUARY 19, 1995

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	LUQUE, GUILLERMO
STREET ADDRESS	815 NW 57TH AVE / STE - 409
CITY-ST-ZIP	MIAMI FL
TITLE	TS
NAME	RODRIGUEZ, ASCENCIDN
STREET ADDRESS	815 NW 57TH AVE / STE - 409
CITY-ST-ZIP	MAIMI FL
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	MS	☑ Change ☐ Addition
1.2 NAME	GUILLERMO LUQUE	
1.3 STREET ADDRESS	815 NW 57TH AVE /STE 409	
1.4 CITY-ST-ZIP	MIAMI FL 33126	
2.1 TITLE	PT	☑ Change ☐ Addition
2.2 NAME	ASCENCION RODRIGUEZ	
2.3 STREET ADDRESS	815 NW 57TH AVE /STE 409	
2.4 CITY-ST-ZIP	MIAMI FL 33126	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)
ASCENCION RODRIGUEZ

Date: 01/19/95
Daytime Phone #: (305) 2673046

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