

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
10/11/1993

3a. Date of Last Report
02/07/1995

2. Principal Place of Business

2a. Mailing Address

21 8308 N.W. 68TH STREET
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State
23 MIAMI FL

27 City & State

24 Zip
33166

25 Country
US

28 Zip

29 Country

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

10. Name and Address of New Registered Agent

GUILLERMO, LUQUE
9930 NW 47 TERRACE
MIAMI FL 33178

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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, type or print name of registered agent and the applicable

(NOTE: Registered Agent Signature required when reinstating)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE MS ☐ DELETE

NAME GUILLERMO, LUQUE
STREET ADDRESS 815 NW 57TH AVE / STE - 409
CITY-ST-ZIP MIAMI FL

1.1 TITLE ☐ Change ☐ Addition

TITLE PT ☐ DELETE

NAME ASCENCION, RODRIQUEZ
STREET ADDRESS 815 NW 57TH AVE / STE - 409
CITY-ST-ZIP MIAMI FL

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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

02/26/96 (305) 392 5366

CR2E034 (12/95)