


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

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Jan 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000071891 (4)

1. Corporation Name

ARGAL ENTERPRISES, INC.

Principal Place of Business

9779 N.W. 49TH TERRACE  
MIAMI FL 33178-1996  
US

Mailing Address

9779 N.W. 49TH TERRACE  
MIAMI FL 33178-1996  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 18520 N.W. 67TH AVE.		28 18520 N.W. 67TH AVE.		10/11/1993	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
				65-0448602	
23 City & State		28 City & State		5. Certificate of Status Desired	
MIAMI FL.		MIAMI FL.		<input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip		29 Zip		6. Election Campaign Financing	
33015		33015		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		30 Country		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
DME		DME		<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
GUILLERMO, LUQUE 9779 N.W. 49TH TERRACE MIAMI FL 33178-1996				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83 18520 N.W. 67TH AVENUE	
				84 City	
				MIAMI FL	
				85 Zip Code	
				33015	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	MS	1.1 TITLE	
NAME	GUILLERMO, LUQUE	1.2 NAME	
STREET ADDRESS	9779 N.W. 49TH TERRACE	1.3 STREET ADDRESS	18520 N.W. 67TH AVE.
CITY-ST-ZIP	MIAMI FL 33178-1996	1.4 CITY-ST-ZIP	MIAMI FL. 33015
TITLE	PT	2.1 TITLE	
NAME	ASCENCION, RODRIQUEZ	2.2 NAME	
STREET ADDRESS	9779 N.W. 49TH TERRACE	2.3 STREET ADDRESS	18520 N.W. 67TH AVE.
CITY-ST-ZIP	MIAMI FL 33178-1996	2.4 CITY-ST-ZIP	MIAMI FL. 33015
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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:

JANUARY 15, 1998 (305) 557-1111

CR2E034 (10/97)