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

PROFIT **CORPORATION** ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P94000010744 (8)

ARGO AIR COMPRESSOR CORP.

Principal Place of Business

Mailing Address

FILED

Apr 30 1998 8:00am

Secretary of State

S880 S.W. 17TH STREET MIAMI FL 33155		5880 S.W. 17TH STREET Miami Fl 33155			
				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
				02/09/1994	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0467249	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	<u> </u>	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	
24	[25]		30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Cur	rent Registered Agent	10. Name and Address of New Registered	Agent	
ALVAREZ, MAGGIE			81 Name		
5880 S.W. 17TH STREET			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
MIAM! FL 33155					
			63		
			64 City		les 1 7:- 0-4-
			64 City	Fl	85 Zip Code
11. Pursuant	to the provisions of Sections 607 (0502 and 607,1508, Florida Statute	s, the above-named c	corporation submits this statement for the purpose	of changing its registered
office or r	egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such change was action 607 0505. Flor	uthorized by the corpo	oration's board of directors. I hereby accept the ap	pointment as registered
	The state of the s	mgrams on occusin bornesso, rior	nda Olalolos.		
SIGNATURE	Signature, typed or printed name of registered	Agent and little if applicable (NOTE	: Registered Agent signature re	equired when reinstating) DATE	
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	PTD	DELETE	1.1 TITLE		Change Addition
NAME	alvarez, maggie		1.2 NAME		
STREET ADDRESS	5880 S.W. 17TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33155		1.4 CITY - ST - ZIP		
TITLE	VSD	☐ DELETE	2.1 TITLE	, , , , , , , , , , , , , , , , , , ,	☐ Change ☐ Addition
NAME	ALVAREZ, JOSE		2.2 NAME		
STREET ADDRESS	5880 S.W. 17TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33155		2. 4 CITY-ST-ZIP		
TITLE	111111111111111111111111111111111111111	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		☐ Gitalige ☐ Addition
STREET ADDRESS					
			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY-ST-ZIP		Character To Addition
1		C OLCER	4.1 TIFLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ D€LETE	5.1 TITLE		Change . Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CFTY - ST - ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	_		6.4 CITY - ST - 7IP		

this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information innual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an arror trustop powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in