

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000031448 (1)**

1. Corporation Name  
**ARGO ARCHITECTURAL SERVICES, INC.**



Principal Place of Business: **1925 BRICKELL AVE #1102 MIAMI FL 33129 US**  
Mailing Address: **1925 BRICKELL AVE #1102 MIAMI FL 33129 US**

21	21a	22	22a	23	23a	24	24a	25	25a	26	26a	27	27a	28	28a	29	29a	30	30a		
Principal Place of Business		Mailing Address		City & State		Zip		Country		City & State		Zip		Country		City & State		Zip		Country	
1925 BRICKELL AVE		1925 BRICKELL AVE		MIAMI FL.		33129		USA		MIAMI FL.		33129		USA		MIAMI FL.		33129		USA	
# D 1102		# D 1102																			

3. Date Incorporated or Qualified: **04/26/1994**  
3a. Date of Last Report: **08/15/1995**  
4. FEI Number: **65-0491552**  
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  
**SCHENZEN, ROBERTO I  
2127 BRICKELL AVE.  
APT. 2401  
MIAMI FL 33129**

10. Name and Address of New Registered Agent  
81 Name: **SCHENZEN ROBERTO I**  
82 Street Address (P.O. Box Number is Not Acceptable): **1925 BRICKELL AVE**  
83 # **D 1102**  
84 City: **MIAMI**  
85 Zip Code: **FL 33129**

11. Pursuant to the provisions of Sections 607.0507 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 607.1525, Florida Statutes.  
SIGNATURE: *Roberto Schenzen* DATE: **March 7/96**

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHENZEN, ROBERTO</b>	
STREET ADDRESS	<b>2127 BRICKELL AVE #2601</b>	
CITY - ST - ZIP	<b>HAIALEAH FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHENZEN ROBERTO</b>	
STREET ADDRESS	<b>1925 BRICKELL AVE # 1102</b>	
CITY - ST - ZIP	<b>MIAMI, FL. 33129</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 recipient of the 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: *Roberto Schenzen* DATE: **March 7/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)