

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

APPROVED AND FILED

97 MAY -1 PM 1:31

SECRETARY OF STATE TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000031448

1. Corporation Name

ARGO ARCHITECTURAL SERVICES, INC.

Principal Place of Business

2300 CORAL WAY SUITE # 200 MIAMI, FL. 33145

Mailing Address

2300 CORAL WAY SUITE # 200 MIAMI, FL. 33145

3. Date Incorporated or Qualified 04/26/1994

3a. Date of Last Report

2. Principal Place of Business 21. 2300 CORAL WAY

22. SUITE # 200 MIAMI FLORIDA

24. 33145 US

2a. Mailing Address 26. 2300 CORAL WAY

27. SUITE # 200 MIAMI FLORIDA

29. 33145 US

4. FEI Number 65-0491552

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required \$5.00 May Be Added to Fees

6. Election Campaign Financing Trust Fund Contribution

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

9. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES INC. 2300 CORAL WAY, SUITE # 200 MIAMI, FLORIDA 33145

10. Name and Address of New Registered Agent

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 of officer or director of registered agent and title if applicable

AMADA CANTERA LOPEZ, PRES

DATE

4/29/97

12. OFFICERS AND DIRECTORS

1. TITLE PD 2. NAME SCHEZEN, ROBERTO I 3. STREET ADDRESS 2127 BRICKELL AVE. APT. 2401 4. CITY-ST-ZIP MIAMI, FL. 33129

5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY-ST-ZIP

9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY-ST-ZIP

13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY-ST-ZIP

17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY-ST-ZIP

21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

000002167320--7 -05/06/97--01089--014 Addition \*\*\*\*\*8.75 \*\*\*\*\*8.75 000002167320--7 -05/06/97--01089--015 Addition \*\*\*\*\*165.00 \*\*\*\*\*165.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:

ROBERTO I. SCHEZEN, PRES

Date

Daytime Phone

CR2FM31 (9/96)