

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

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Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000036197 (8)

1. Corporation Name
ARGENTA AUTO SERVICE, INC.



Principal Place of Business
4950 S. MILITARY TRAIL
LAKE WORTH FL 33463

Mailing Address
4950 S. MILITARY TRAIL
BAY C
LAKE WORTH FL 33463-5313

3. Date Incorporated or Qualified 05/09/1995	3a. Date of Last Report 03/21/1996
4. FEI Number 65-0579838	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent ARUJ, MOISES 3178 VIA POINCIANA, APT. 417 LAKE WORTH FL 33467	10. Name and Address of New Registered Agent 81 Name MOISES ARUJ 82 Street Address (P.O. Box Number is Not Acceptable) 7752 FORESTAY DR. 83 84 City LAKE WORTH FL 85 Zip Code 33467
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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: *Moises Aruj* (NOTE: Registered Agent signature required when reinstating) DATE: 1-7-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARUJ, MOISES PRES.	1.2 NAME	
STREET ADDRESS	7752 FORESTAY DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE WORTH FL 33467	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLOS FIORE VICE PRES.	2.2 NAME	
STREET ADDRESS	2944 WERWOOD	2.3 STREET ADDRESS	
CITY - ST - ZIP	WELLINGTON FL 33414	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERTHA FIORE SECRETARY	3.2 NAME	
STREET ADDRESS	2944 WERWOOD	3.3 STREET ADDRESS	
CITY - ST - ZIP	WELLINGTON FL 33414	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTRELLA ARUJ	4.2 NAME	
STREET ADDRESS	7752 FORESTAY DR. TREASURER	4.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE WORTH FL 33467	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

1-7-97 561-966-0900

CR2E034 (9/96)