CR2E034 (11/98)

FILE	E NOW: FILING FEE A	AFTER MAY 1ST IS	\$550	.00	14	wenged	KG-K	12 K	3
COI	PROFIT CORPORATION NNUAL REPORT FLORIDA DEPART Katherine Secretary (• ,		P**11			
1999 DIVISION OF COR				TIONS		FIL	ED		
DOCUMENT # P95000036,197 1. Corporation Name						99 JUL 30			
•	ARgesta	Anto Seen	ice	CO.Z.	Ó	SEURLIARY TALLAHASSE	GESTATE E, FLORIDA		
Principal Plac	ce of Business	Mailing Address		······					
4950 South Military TRAIL									
Lah	re worth,	とし ろみりしろ				DO NOT W 3. Date Incorporated or Qualif	RITE IN THIS SP	ACE	
						05/09	<u> </u>		
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	7838	\rightarrow	plied For Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		** *		5. Certifcate of Status Desired		8.75 A Fee Rec	dditional
City & Stat	te	City & State				6. Election Campaign Financin	ng 🗆	\$5.00	
Zip	Country	28 Zip	Count	ry		Trust Fund Contribution 8. This corporation owes the contribution		Added to	Fees
24]	25	29 3	0			Personal Property Tax.	<u> </u>	Yes	□No
	Name and Address of Curre	nt Registered Agent	8	1 Name		10. Name and Address of Nev	v Registered Age	nt	
Moises ARNI BITS VIZ POINCIANZ APT 4				2 Street	Addres	dress (P.O. Box Number is Not Acceptable)			
1 21	18 NIG LOING	rape oner	17	3					
Ca	the Worth	EC 334P	٦ L	4 City				हा इस	
							FL	5 Zip C	
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations.	02 and 607.1508, Florida Statutes, of Florida. Such change was auth	, the abo norized b	ve-named y the corpo	corpora oration's	ation submits this statement for ti s board of directors. I hereby acc	he purpose of cha cept the appointme	nging its r ant as reg	registered istered
SIGNATURE	am tamiliar with, and accept the obliga	ons or, section 607.0505, Florid	a Statute	9 S .					
12.	Signature, typed or printed name of registered age	int and title if applicable (NOTE: Re	egislered Ag	ent signature n	required wi	hen reinstating) ADDITIONS/CHANGES TO (DATE	IDECTOR	20 101 12
TITLE	PRESIDENT	DELETE	1.1 TITLE		<u> </u>	ADDITIONS/CHANGES TO		Change	Addition
NAME	maises And		12 NAME			900000	29595	19-	7
STREET ADDRESS							13/99010		
City-St-Zip Title	VICE PRESIDE	DELETE	1.4 CITY- 2.1 TITLE				<u>**61.50 *</u>	本本を Change	Addition
NAME	Caelos Fior	e	2.2 NAME	:	İ				
	3444 DEBrook	nog comet	2.3 STREET ADDRESS						
CITY-ST-ZIP TITLE	TREBSURER	BOELETE	2.4 C/TY- 3.1 TITLE	-					☐ Addition
NAME	ESteella Arri		32 NAME				4		
STREET ADORESS				33 STREET ADDRESS					ľ
CITY-ST-ZIP TITLE	Cake MOST	AME WORK FL 33467 34 CITY ST. 2P					Change	☐ Addition	
NAME	Seeta I Fin	æe .	4. 2 NAME				_	•	
STREET ADDRESS	2944 00000	od conet	4.3 STREE	ETADDRESS					i
CITY-ST-ZIP TITLE	MOGST HOLW B	DELETE DELETE	4.4 CITY-	ST-ZIP				Change	☐ Addition
VAME			52 NAME	ł			٥	Change	
STREET ADDRESS			53 STREE	ET ADDRESS					
CITY-ST-ZIP		DELETE	5.4 CITY-:	ST-ZIP				Change	Addition
NAME		المالية المالية	6.2 NAME	į			L		C ANGIONI
STREET ADDRESS				ET ADDRESS				cD	•
OTY-ST-ZIP	certify that the information supplied wi	th this filing does not qualify for th	6.4 CITY-1		in Sect	ion 119 07(3Vi) Florida Statutos	I further certify #	at the inf	ormatica
indicated of officer or of Block 12 of	on this annual report or supplemental director of the corporation or the rece or Block 13 if changed, or on an attack	l annual report is true and accurati iver or trustee erpr∰wered to exec	e and tha cute this i	at my signa report as re	ature sh equired	all have the same legal effect as	if made under oa	th; that I a	am an
SIGNAT	URE: SHONATURE AND TYPED OF	PANTED NAME OF SIGNING OFFICER OR	DIRECTOR	es	HE	24/ 7/28/99	(561)°	766-	0900

E.K. Williams Business Consultants 3175 S. Congress Ave. Ste. 106 Palm Springs, FL 33461 (561) 967-7990 Fax (561) 967-0537

Franchised Office



June 28, 1999

Annual Reports Filings Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

Re: Document # P95000036197

Dear Sir/Madam,

Attached is an Amended Annual Report for our client Argenta Auto Service Inc.. This amendment is to remove the Secretary & Treasurer.

Enclosed is a check for your fee of \$61.25. After changes have been recorded please send us proof of changes to the above address.

If you should have any questions, please contact us at the above #.

Thank you,

Aida Rivero Bookkeeper