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

PROFIT CORPORATION ANNUAL REPORT

1998

Anterior Spirit September

Complete Space



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000041534 (5)

ARGEN COPIERS, CORP.

Principal Place of Business Maiting Address 10302 N.W. SOUTH RIVER DR. 10302 N.W. SOUTH RIVER DR. **BAY A-22** RAY A-22 DO NOT WRITE IN THIS SPACE MEDLEY FL 33178-1310 MEDLEY FL 33178-1310 3. Date Incorporated or Qualified 05/26/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 21 26 65-0586247 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zω 24 Personal Property Tax due June 30. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name CARVACHO, EDUARDO A 10302 N.W. SOUTH RIVER DR. Street Address (P.O. Box Number is Not Acceptable) **BAY A-22** MEDLEY FL 33178 City

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							
	Bignature, typed or printed name of registered agent and title it appl		Registered Agent signatura requ		DATE		
12.	OFFICERS AND DIRECTOR	· • · · · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES	TO OFFICERS AN		
TITLE	D	DELETE	1.1 TITLE			☐ Change	Addition
NAME	CARVACHO, EDUARDO A		1.2 NAME				
STREET ADDRESS	7366 N.W. 5TH STREET		1.3 STREET ADDRESS				
CITY-ST-ZIP	PLANTATION FL 33317		1.4 CITY-ST-ZIP				
TITLE	D	DELETE	2.1 TITLE			☐ Change	Addition
NAME	LASPENAS, JORGE R		2.2 NAME				
STREET ADDRESS	7366 N.W. 5TH STREET		2.3 STREET ADDRESS				
CITY-ST-ZIP	PLANTATION FL 33317		2. 4 CITY-ST-ZIP		<u> </u>		
TITLE		DELETE	3.1 TITLE			Change	Addition
NAME			32 NAME				
STREET ADDRESS			3 3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE	——————————————————————————————————————		Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY: ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				744
TITLE		DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY - ST - ZIP				

1 hereby certify that the information supplied with this filling 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 suppliemental 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 of the receiver or trustee emportered 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 or an accurate and that my name appears in the corporation of the c

SIGNATURE:

04.08.98 305-885-7570

FILED

Apr 14 1998 8:00am

Secretary of State

Applied For

Fee Required

Added to Fees

Zip Code

Not Applicable