

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90034 024 ***150.00

DOCUMENT # P95000041534

1. Corporation Name

ARGEN COPIERS, CORP.

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Principal Place	e of Business	ddress	S			1 1001100)	##III ##III VANII	#1881 IV881 BAV	10 (1111 OID) IBDI	
10302 N.W. SOUTH RIVER DR.		10302 N.W. SOUTH RIVER DR.									
8AY A-22		BAY A-22					DO NOT WRITE IN THIS SPACE				
MEDLEY FL 33178-1310 US -		MEDLEY FL 33178-1310 US					3 Date Incorporated or Qualifed				
US	-	US					05/26/199	•			
2 Principal P	Place of Business	2a Mailir	g Address				4. FEI Number			I A	pplied For
21		26	•				65-05862	47		l N	ot Applicable
Suite, Apt.	#, etc.		Apt. #, etc.							\$8.75	Additional
22		27 ~					5. Certificate of	f Status Desired		Fee R	tequired
City & Stat	te ·	City 8	k State				6. Election Car	mpaign Financin	g 🗇	\$5.00	Мау Ве
23		28					Trust Fund	Contribution		Added	to Fees
Zip	Country	Zip	٠	Cour	ntry		8. This corpora	ation owes the co	urrent year In	_	
24	25	29		30			Personal Pr			X Yes	□No
	9. Name and Address of Curre	ent Registered	Agent		04 14		10. Name and	Address of Nev	v Registered	Agent	
CAD	VACHO, EDUARDO A		•		81 Name	9					
1)2 N.W. SOUTH RIVER DR.			F	82 Stree	t Addres	s (P.O. Box Num	nber is Not Acce	ptable)		
	A-22			Ļ	•			_			
l	N-22 DLEY FL 33178			.	83						
MED	LET FL 331/6			Ì	84 City			=		85 Zip	Code
			<u> </u>		<u>. L</u>				FL	=	aistarad
11. Pursuant	to the provisions of Sections 607.05 registered agent, or both, in the State	502 and 607.150 e of Florida. Suc	8, Florida Statutes h change was aut	s, the ab thorized	ove-name by the cor	d corpor poration	ation submits this s board of direct	s statement for tr ors. I hereby acc	ept the appo	intment as r	egistered
agent. I a	m familiar with, and accept the oblig	ations of, Section	on 607.0505, Florid	da Statu	tes.			•			
SIGNATURE								=			
	Signature, typed or printed name of registered ag	pent and title if applicat AND DIRECTOR			Agent signature	e required w	nen reinstating)	OLIANOEO TO C	DATE		
12. TITLE	OFFICERS A	いいし いんとしょくん									
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MAAAF	D CARVACHO EDUARDO A		☐ DELETE	1.1 TITI		Τ	ADDITIONS	CHANGES TO C	<u>OFFICERS AF</u>		
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STREET ADDRESS	CARVACHO, EDUARDO A 7366 N.W. 5TH STREET			1.1 TITI 1.2 NAI 1.3 STF	ME REET ADDRES:	s	ADDITIONS	CMANGES TO C	<u>DFFICERS AI</u>		
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14. I hereby certify that the information supplied with this filing does not qualify for the examption 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 another 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

: 305-885-7570