FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

FILED May 01 1996 8:00 am Secretary of State

1. Corporation Name ARGENFUOD MADRY & EXPURT, INC.	1		
Principal Place of Business 245 5.E. 15 5TREET (SAME SUITE 214)		
MIAMI, FLA. 33131		3. Date Incorporated or Qualified 7/3 (95	3a. Date of Last Report
Principal Place of Business 28. Mailing Address		4. FEI Number	Applied For
2. Principal Place of Business 21 Z 4 S S C . 1 3 S TR CET 26		65-0625300	
Suite, Apt. #, etc. 214 [27]		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State 28 28		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 33(3) Country Zip 24 29	Country 30	This corporation has liability for a Florida Statutes	
9. Name and Address of Current Registered Agent	[00]	10. Name and Address of New R	egistered Agent
LUIS A. FORS	81 Name		
.8360 W. FLAGUER, SUITE 2034	1	ress (P.O. Box Number is Not Acceptab	le)
MIAMI, FLA . 33144	83		
S. Francisco	84 City		FL 85 Zip Code
familiar with, and accept the obligations of, Section 607.0505, Florida Statutes Signature Signature type-disconnect transfer in the majoritant buring a security 12. OFFICERS AND DIRECTORS	OTE Falge to aga Agood Sagrata or trapin	ostader na ostangi ADDITIONS/CHANGES TO OFF	CARE ICERS AND DIRECTORS IN 12
TOPERE	1 \ 1H(F		☐ Change ☐ Addition
NAME JUGN A. ANDRIBET DIT BRASCQ STREET ADDRESS 245 S.E. ISE STREET, S.T. 214	, 1.2 NAME		
STREET ADDRESS 245 5.6. / ST. 3702267,			
CITY-SI-ZIP MIAMI FCA. 33/3/	1.4 CHY ST ZIP 2 1 THILE		Change Addition
STUR			
NAME PATRICIA ST. STRCZT, STE 214	2.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI, 1LA. 33/3/	2 4 C(TY - S1 - Z)P		
TITLE DELETE	3 1 TITLE		Change
NAME	3.2 NAMÉ		
STREET ADDRESS	33 STHEET ADDRESS		
CITY-ST-ZIP DELETE	3.4 CHY+S*-ZIP 4.1 TITLE		Change Addition
	4 1 OICE 4 2 NAME		
NAME STREET ADDRESS	4.3 STREET ADORESS		
CITY-ST-ZIP	4 4 CITY - ST - ZIP		
TITLE DELETE	5 1 TITLE	AMP ST VINCES V. S. T. S.	☐ Change ☐ Addition
NAME	5.2 NAME		
STREET ACORESS	5.3 STREET ADDRESS		
C(IY-SI-ZIP	5.4 CITY ST-7IP		
TITLE DELETE	6 1 TITLE	60000184 -05/31/96010	4538® nge □ Addition
NAME	6.2 NAME	-05/31/96010	112013 C=1'&C
STREET ADDRESS	6.3 STREET ADDRESS	***200.00	3 7 6
City-SI-ZiF	6.4 CHY-ST-7P	for the expandion stated a Section 110	07/3/k\ Florida Statutas I further

14. Too hereby certify that the information subglied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further certify that the information indicated on this annual report a simplemental 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 this componant, or the receiver or trustee empowered to execute this report as required by Chapter 607, Forda Statutes; and that my name appears in Block 13 if change I. I will attach ent with an address.

SIGNATURE: u

YPED OR PLINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND