## FILE NOW: FILING FEE AFTER MAY 18T IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT 1998



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000073084 (1)

ARGUELLES & ARGUELLES ENTERPRISES, INC.

## **FILED** Feb 09 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 9455 SW 78TH ST. 9455 SW 78TH ST. MIAMI FL 33173 MIAMI FL 33173 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 09/04/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For Not Applicable 21 65-0698309 26 Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Ζıρ Źφ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SKRLD, INC 201 ALHAMBRA CIR., STE. 1102 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL** City Zip Code 65 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. store typed or crimted name of registered accept and title if apple abic (NOTE Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE. 1.1 TITLE Change Addition NAME ARGUELLES, DANIEL JR. 1.2 NAME 9455 SW 78TH ST. STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33173** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 21 TITLE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change TITLE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELFTE Addition TITLE 4.1 TITLE Change MALIF 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELE1E TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **63 STREET ADDRESS** 

14. I hereby certify that the information supplied with the filting 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 supplience all arrival report is true and securate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the sectiver of trusted rempowered 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:

× 1-23-98