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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90205 019 \*\*\*158.75

t, Corporation	MENT # <b>P9700(</b> n Name ARGO II, INC.	0001564					
Principal Place	e of Business	Mailing Address					Billi <b>diği (88</b> )
223 S.W. 31ST		223 S.W. 31ST ROAD					
MIAMI FL 33129 MIAMI FL 33129							
					DO NOT WRITE IN THIS S	SPACE	
					3. Date Incorporated or Qualifed 01/02/1997		
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ar	plied For
2. Principal Fi	idde of Business	26 26			65-0716351	- <del></del>	ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$8.75	Additional
22	.,	27			5. Certificate of Status Desired	Fee Re	equired
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country		Country		8. This corporation owes the current year inta		16 L
24	25	29 30			Personal Property Tax.	Yes	No
	9. Name and Address of Curre	ent Registered Agent	81	Name	10. Name and Address of New Registered A	Agent /	
PII O	OTO, JOSE						
223 S.W. 31ST ROAD			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
MIAMI FL 33129			83				_
			84	City	FL	85 Zip	Code
agent. I a SIGNATURE	im familiar with, and accept the oblig	gations of, Section 607.0505, Florida Signature of the if applicable.  (NOTE: Registrement of the instance of	ered Agen	t signature required			
12.			13.		ADDITIONS/CHANGES TO OFFICERS AND	☐ Change	Addition
TITLE	PTD IOSE	_	1 TITLE			C Colonide	
NAME	PILOTO, JOSE 223 S.W. 31ST ROAD		2 NAME				1
STREET ADDRESS	MIAMI FL 33129		.3 STREET .4 CITY- ST	ADDRESS			
CITY-ST-ZIP TITLE	VSD	33129		1-21		☐ Change	Addition
NAME	PILOTO, MARGARITA	100				•	
STREET ADDRESS	OU DOAD			ADDRESS			1
CITY-ST-ZIP	MIAMI FL 33129		. 4 CITY-S				
TITLE			.1 TITLE			Change	Addition
NAME		3.	2 NAME				
STREET ADDRESS		3	3 STREET	ADDRESS			Ì
C!TY-ST-ZIP			4. CITY-S	T-ZIP			
TITLE		☐ DELETE 4.	.1 TITLE			☐ Change	☐ Addition
NAME		4.	. 2 NAME				
STREET ADDRESS		4.	.3 STREET	ADORESS			Ì
CITY-ST-ZIP			.4 CITY-S	T-ZIP		C10	
TITLE			1 TITLE			Change	Addition
NAME		i	.2 NAME	ADDESC			
STREET ADDRESS				ADORESS			
CITY-ST-ZIP_			.4 CITY-ST .1 TITLE	1-2JF		Change	Addition
TITLE		□ 0222.2	2 NAME				
NAME STREET ADDRESS				ADDRESS			Ì
STREET ADDRESS			4 CITY-S				
GICT-ST-ZIP	1	<b>.</b> .					i

14. I hereby certify that the information supplied with this filing 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 supplemental 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 or 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.

SIGNATURE: