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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED May 07 1998 8:00am Secretary of State

AM - C	ARGO, CORP.	0018338 (8)		
Principal Place		Mailing Address		a toderade ma form tabut annu dofft dent annet tidal terbe suide (t)ni (00)
6903 N.W. 46TH \$TREET 6903 N.W. 4 MIAMI FL 33166 MIAMI FL 33		6903 N.W. 46TH STREET		
		MIAMI PL 33100		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 02/24/1997
	ac e of Business	2a. Mailing Address		4. FEL Number 650735056 Applied For
21		26		Trot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired See Regulred Fee Regulred
City & State		City & State		6. Election Campaign Financing \$5,00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. 💹 Yes 🔲 No
	. Name and Address of Curren	t Registered Agent	0.1	10. Name and Address of New Registered Agent
	DRADE, FABIAN		81 Name	
-8003 N.W. 48TH-STREET- 6		909 NW 46 ST. AMI FL. 3316	82 Street A	Address (P.O. Box Number is Not Acceptable)
MIA	MI FL 33166 MI	ътт гъ. 3316	83	
			B4 City	FL 85 Zip Code
office or re agent. I ar SIGNATURE	Minature, type of phinter of the control age	Fabian Ave	drade	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered 04/24/98
12.	OF LICERS AN	DIDIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	11 TITLE	D Change 😡 Addition
NAME	ANDRADE, FABIAN		1.2 NAME	KARINA CALVACHE
STREET ADDRESS	8881-A FONTAINBLEAU BLVI	J. #304	1.3 STREET ADDRESS	631 NW 82 Ave. Apt# 213 Miami fl. 33126
CITY-ST-ZIP TITLE	MIAMI FL 33172 D	DELETE	1.4 CITY - ST - ZIP 2.1 HILE	Miami fl. 33126
NAME	MORENO, TELMO	igg) billit	2.1 MEE 2.2 NAME	Consider The volume
STREET ADDRESS	8881-A FONTAINBLEAU BLVI	#304	2.2 NAME 2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172		2.4 CITY-ST-ZIP	
TITLE		DELETE .	3.1 TITLE	Change Addition
NAME		•	3.2 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		T on Fire	4.4 CITY - ST - ZIP	AL TIME
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	Change Addition
NAME			62 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	

14. Thereby certify that the information supplied with the 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.