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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P97000056138

1. Corporation Name

Argenta, Inc

Principal Place of Business

Mailing Address

7925 NW 12 ST

#324

Miami, FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

6/26/97

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 7925 NW 12 Street

4. FEI Number

65-0771278

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

33126

30

FL

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9/30/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

11.2 NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

11.3 NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

11.4 NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

11.5 NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

11.6 NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

11.1 TITLE

11.2 NAME

11.3 STREET ADDRESS

11.4 CITY-ST-ZIP

11.5 TITLE

11.6 NAME

11.7 STREET ADDRESS

11.8 CITY-ST-ZIP

11.9 TITLE

11.10 NAME

11.11 STREET ADDRESS

11.12 CITY-ST-ZIP

11.13 TITLE

11.14 NAME

11.15 STREET ADDRESS

11.16 CITY-ST-ZIP

11.17 TITLE

11.18 NAME

11.19 STREET ADDRESS

11.20 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/99 4707504