

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
DOCUMENT # P98000009574
 1. Corporation Name
ARGMEX VIDEO, INC.

 Principal Place of Business
**2506 RANDA BOULEVARD
SARASOTA FL 34235**

 Mailing Address
**2506 RANDA BOULEVARD
SARASOTA FL 34235**
FILED
Jan 29, 1999 8:00 am
Secretary of State

01-29-1999 90045 047 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 408 S WASHINGTON BOUL		26		01/29/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 N/a		27		65-0826814	
City & State		City & State		Applied For	
23 SARASOTA, FL		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 34236		29		☐ \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution	
25		30		☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent		8. This corporation owes the current year Intangible Personal Property Tax.			
SALDANA, ANGELICA E 2506 RANDA BLVD. SARASOTA FL 34235		☒ Yes ☐ No			
10. Name and Address of New Registered Agent					

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SALDANA, PASCUAL	1.2 NAME	
STREET ADDRESS	2506 RANDA BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34235	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SALDANA, ANGELICA	2.2 NAME	
STREET ADDRESS	2506 RANDA BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34235	2.4 CITY-ST-ZIP	
TITLE	SALDANA, ANGELICA E ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SALDANA, ANGELICA E	3.2 NAME	
STREET ADDRESS	2506 RANDA BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34235	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		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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 *Katherine Harris* **SIGNATURE REQUIRED**

 01-12-98 941-955-8604
 Date Daytime Phone #

CR2E034 (1/98)