

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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90255 009 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT #** P98000021599

1. Corporation Name

TRANSPORTES ARGENTA INC.  
11752 SW 188 TERRACE  
MIAMI, FL 33177

Principal Place of Business

Mailing Address

11752 SW 188TH TERRACE MIAMI, FL 33177  
11752 SW 188TH TERRACE  
MIAMI, FL 33177

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/98

4. FEI Number

65-0816238

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 165 LAKEVIEW DR BLD 307

26 165 LAKEVIEW DR BLD 307

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 203

27 203

City & State

City & State

23 WESTON, FLORIDA

28 WESTON, FLORIDA

Zip Country

Zip Country

24 33326

25

29 33326

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JORGE A. MARTINEZ  
11752 SW 188 TERRACE  
MIAMI, FL 33177

81 Name

ELIZABETH CASTANO

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

165 LAKEVIEW DR BLD 307 STE 203

83

84 City

WESTON

FL

85 Zip Code  
33326

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD JORGE A. MARTINEZ ☒ DELETE  
NAME 11752 SW 188 TERRACE  
STREET ADDRESS MIAMI, FL 33177  
CITY-ST-ZIP

1.1 TITLE PSTD ☐ Change ☒ Addition  
1.2 NAME ELIZABETH CASTANO  
1.3 STREET ADDRESS 165 LAKEVIEW DR BLD 307 STE 203  
1.4 CITY-ST-ZIP WESTON, FL 33326

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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: