

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S12720 (6)

1. Corporation Name

ARGON I, INC.

Principal Place of Business

Mailing Address

**25 S.E. 2ND AVENUE
SUITE 900
MIAMI FL 33131**

**25 S.E. 2ND AVENUE
SUITE 900
MIAMI FL 33131**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 8755 SW. 52 AVE.		26 8755 SW 52 AVE.		11/13/1990	03/10/1995
22 MIAMI FL.		27 MIAMI FL.		4. FEI Number	Applied For
23 33143		28 33143		65-0227195	Not Applicable
24		25		5. Certificate of Status Desired	\$8.75 Additional Fee Required
26		27		6. Election Campaign Financing	\$5.00 May Be Added to Fees
28		29		7. This corporation has liability for intangible tax under s. 193.032, Florida Statutes	Yes <input type="checkbox"/> No <input type="checkbox"/>
30		31			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MURAI, WALD, BIONDO, MORENO, & MENDOZA, PA
25 S.E. 2ND AVENUE
SUITE 900
MIAMI FL 33131**

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 time of appointment

(The New Registered Agent's signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	GONZALEZ, HUMBERTO	1.2 NAME	MARY GONZALEZ
STREET ADDRESS	8755 S.W. 52 AVENUE	1.3 STREET ADDRESS	8755 SW. 52 AVE.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI FL. 33143
TITLE	MARY GONZALEZ	2.1 TITLE	
NAME	MARY GONZALEZ	2.2 NAME	
STREET ADDRESS	8755 SW 52 AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Humberto J. Gonzalez HUMBERTO J. GONZALEZ

JUNE 16, 1996 (307) 2674739

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone #

CR2E034 (3/96)