## **FILED FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00** May 19 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Morthem Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # \$46537 (4)ARGEN-FLOORS CORPORATION, INC. Principal Place of Business Mailing Address 10753 8W 104 ST MIAMI FL 33176 PO BOX 172208 HIALEAH FL 33017-2208 3. Date Incorporated or Qualified 3a. Date of Last Report 04/19/1991 06/19/1996 Principal Riace of Business 2a. Mailing Address 4. FEI Number Applied For STREET 7144 65-0264344 Not Applicable Sulte, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be Election Campaign Financing MIAMI Ł۲ MIAMI 23 28 Trust Fund Contribution Added to Fees 8. This corporation has liability for intringible tax under s. 199.032, Florida Statutes Yes \( \sqrt{Y}\) No V. S. A. 29 25 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MILITELLO, JUAN NAUE MILITELLO Street Address (P.O. Box Number is Not Acceptable) 10753 8W 104 ST MIAMI FL 33176 MIAMI da Stalutes, the above named corporation submits this statement for the purpose of changing its registered and was authorized by the corporation's board of directors. I hereby accept the appointment as registered 7,0605, Florida Statutes. Pursuant to the provisions of Sections 607.0502 a office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligate. SIGNATURE stered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 96/6) DELETE Addition TITLE 1.1 TITLE Change MILITELLO, JUAN NAME CR2E034 6800 SW 40 ST #504 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 City-St-ZIP TITLE ☐ DELETE 3.1 THLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE ☐ Change Addition TITLE 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5 1 TITLE ☐ Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City-St-ZiP DELETE TITLE 6.1 TITLE ☐ Change Addition 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 14. Ido hereby certify that the information supplied with this filling does not quality 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowefed 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 a language of the receiver or trustee empowefed 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 a language of the receiver of the corporation or the corporation or the corporation or the corporation of the corporation or the corporation or the corporation of the corporation or the corporation or the corporation of the corporation or the corporation of the corporation or the corporation of the corporation or the corporation of the corporation or the corporation or the corporation of the corporation of the corporation of the corporation or the corporation of the corporation

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