FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S52211** **(7)**

1. Corporation Name

ARGENTA TRADING & CONSULTING CORP.

Principal Place of Business

7907 N.W. 53RD ST.
SUITE 401
MIAMI FL 33166

Mailing Address

7907 N.W. 53RD ST.
SUITE 401
MIAMI FL 33166

3. Date Incorporated or Qualified: **05/14/1991**

3a. Date of Last Report: **05/18/1995**

4. FEI Number: **65-0265895** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. The corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☒ Yes ☐ No

2. Principal Place of Business

21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 County

2a. Mailing Address

26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 County

9. Name and Address of Current Registered Agent

ORTEGA, ROBERT
7907 N.W. 53RD ST.
SUITE 401
MIAMI FL 33166

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 Section 607.0505 and 607.1508, Florida Statutes, the above-named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Subject to the provisions of Section 607.0505, Florida Statutes, the entity named above hereby authorizes the undersigned to file this statement and to accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	**PD**	☐ DELETE
NAME	**ORTEGA, ROBERT**	
STREET ADDRESS	**7907 NW 53 ST S401**	
CITY-ST-ZIP	**MIAMI FL**	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	☐ Change	☐ Addition
1a NAME		
1b STREET ADDRESS		
1c CITY-ST-ZIP		
2 TITLE	☐ Change	☐ Addition
2a NAME		
2b STREET ADDRESS		
2c CITY-ST-ZIP		
3 TITLE	☐ Change	☐ Addition
3a NAME		
3b STREET ADDRESS		
3c CITY-ST-ZIP		
4 TITLE	☐ Change	☐ Addition
4a NAME		
4b STREET ADDRESS		
4c CITY-ST-ZIP		
5 TITLE	☐ Change	☐ Addition
5a NAME		
5b STREET ADDRESS		
5c CITY-ST-ZIP		
6 TITLE	☐ Change	☐ Addition
6a NAME		
6b STREET ADDRESS		
6c CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing complies with the requirements of Section 607.0505, Florida Statutes. I further certify that the information indicated on this report or supplemental requirements affecting this report is true and accurate and that my electronic 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 above or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/27/96 **305-883-1212**
DATE DAYTIME TELEPHONE NUMBER