FILED
May 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # S86877

Corporation Name
Argonavis Trading, Inc.

Principal Place of Business
8323 NW 64th St
Miami, FL 33166

Mailing Address
8323 NW 64th St,
Miami, FL 33166

Date Incorporated or Qualified: 10/11/1991
Date of Last Report:
FEI Number: 65-0294470 ☐ Applied For ☐ Not Applicable

Certificate of Status Desired ☐ $8.75 Additional Fee Required
☐ $5.00 May Be Added to Fees

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

	Principal Place of Business		Mailing Address
21 / 26			
22 / 27	Suite, Apt. #, etc.		Suite, Apt. #, etc.
23 / 28	City & State		City & State
24 / 29	Zip		Zip
25 / 30	Country		Country

Name and Address of Current Registered Agent

Goes, Fernando
2960 Jackson Avenue
Coconut Grove, FL 33133

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

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)

OFFICERS AND DIRECTORS

TITLE	P/D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Goes, Fernando		1.2 NAME	
STREET ADDRESS	2960 Jackson Avenue		1.3 STREET ADDRESS	
CITY-ST-ZIP	Coconut Grove, FL 33133		1.4 CITY-ST-ZIP	
TITLE	S/D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Goes, Maria		2.2 NAME	
STREET ADDRESS	2960 Jackson Avenue		2.3 STREET ADDRESS	
CITY-ST-ZIP	Coconut Grove, FL 33133		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			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	

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I do 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.

X Fernando Goes X 05/13/97 (305)599-0844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE