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 # **455803** **(7)**

1. Corporation Name

BUENOS AIRES INVESTMENTS CO., INC.

Principal Place of Business

C/O RAUL J VALDES-FAULI
3400 ONE BISCAYNE TOWER. 2 S BISC. BLVD.
MIAMI FL. 33131

Mailing Address

C/O RAUL J VALDES-FAULI
3400 ONE BISCAYNE TOWER. 2 S BISC. BLVD
MIAMI FL. 33131

3. Date Incorporated/Qualified: **07/19/1975**

3a. Date of Last Report: **04/27/1995**

4. FEI Number: **59-1814407** ☐ 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. This corporation is subject to, for purposes of tax under s. 199.032, Florida Statutes: ☐ Yes ☒ No

2. Principal Place of Business
21
Street, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Street, Apt. #, etc.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent

VALDES-FAULI CORP SVCS INC
ONE BISCAYNE TWR STE 3400
2 SO BISCAYNE BLVD
MIAMI FL. 33131

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 607.0502 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. The corporation agrees to comply with the provisions of Section 607.0502, Florida Statutes, relative to keeping open a registered office and registered agent in the State of Florida. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GUTIERREZ, GUSTAVO 2 S BISCAYNE BLVD. #3400 MIAMI FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DEVILLEGAS, MARIA M. 2 S BISCAYNE BLVD. #3400 AMI FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DEMEJIA, ROSARIO G 2 S BISCAYNE BLVD. #3400 MIAMI FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DE GUITIERREZ, JARAMILLO 2 S BISCAYNE BLVD. #3400 MIAMI FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS VALDES-FAULI, RAUL E. 2 S BISCAYNE BLVD. #3400 MIAMI FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☐ Change ☐ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	Dir/V.Pres De Gutierrez, Emma Jaramillo 2 S. Biscayne Blvd. #3400 Miami, Fl 33131	☒ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true and accurate, that my signature shall be effective for the purposes stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental requirement 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 with changes, if any, noted in those blocks.

SIGNATURE: _____ 3/10/96 (305)376-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER