

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
May 14 1996 8:00 am  
Secretary of State

**DOCUMENT # N18733 (8)**  
1. Corporation Name  
**ARGENTINE-FLORIDA CHAMBER OF COMMERCE, INC.**



Principal Place of Business Mailing Address  
C/O WLMC REGISTERED AGENTS, INC.  
701 BRICKELL AVE. SUITE 2000  
MIAMI FL 33131  
US

3. Date Incorporated or Qualified **01/13/1987** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **65-0106011** 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent  
**WLMC REGISTERED AGENTS INC.  
701 BRICKELL AVENUE  
SUITE 2000  
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 Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-stating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<del>DEFORTUNA, JOSE ANDRES</del>	
STREET ADDRESS	<del>2666 BRICKELL AVENUE</del>	
CITY-ST-ZIP	<del>MIAMI FL</del>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<del>JUNCADELLA, SALVADOR</del>	
STREET ADDRESS	<del>2666 BRICKELL AVENUE</del>	
CITY-ST-ZIP	<del>MIAMI FL</del>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<del>VIALE, JULIO</del>	
STREET ADDRESS	<del>2666 BRICKELL AVE.</del>	
CITY-ST-ZIP	<del>MIAMI FL</del>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<del>RIO, JORGE DEL</del>	
STREET ADDRESS	<del>2666 BRICKELL AVE.</del>	
CITY-ST-ZIP	<del>MIAMI FL</del>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<del>SATURNINO, LUCIO</del>	
STREET ADDRESS	<del>2666 BRICKELL AVE.</del>	
CITY-ST-ZIP	<del>MIAMI FL</del>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<del>PEREZ, JOSE MARIA</del>	
STREET ADDRESS	<del>2666 BRICKELL AVE.</del>	
CITY-ST-ZIP	<del>MIAMI FL</del>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PEREZ LOPEZ, RAUL</b>	
1.3 STREET ADDRESS	<b>2666 BRICKELL AVENUE</b>	
1.4 CITY-ST-ZIP	<b>MIAMI, FL 33129</b>	
2.1 TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>JUNCADELLA, SALVADOR</b>	
2.3 STREET ADDRESS	<b>2666 BRICKELL AVENUE</b>	
2.4 CITY-ST-ZIP	<b>MIAMI, FL 33129</b>	
3.1 TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>DEFORTUNA, EDGARDO</b>	
3.3 STREET ADDRESS	<b>2666 BRICKELL AVENUE</b>	
3.4 CITY-ST-ZIP	<b>MIAMI, FL 33129</b>	
4.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>ABATELLO, OSVALDO</b>	
4.3 STREET ADDRESS	<b>2666 BRICKELL AVENUE</b>	
4.4 CITY-ST-ZIP	<b>MIAMI, FL 33129</b>	
5.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>JOSE MARIA PEREZ</b>	
5.3 STREET ADDRESS	<b>2666 BRICKELL AVENUE</b>	
5.4 CITY-ST-ZIP	<b>MIAMI, FL 33129</b>	
6.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>LUCIO, SATURNINO</b>	
6.3 STREET ADDRESS	<b>2666 BRICKELL AVENUE</b>	
6.4 CITY-ST-ZIP	<b>MIAMI, FL 33129</b>	

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, unchanged, or on an attachment with an address.

SIGNATURE: *Raul Perez Lopez* Raul Perez Lopez, President 5-6-96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)