

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90208 008 ***150.00

DOCUMENT # P00000078317

i. Entity Name

LA PAMPA CORPORATION S.A.

Principal Place of Business
 200 S. Biscayne Blvd.
 Miami, Fl 33131

Mailing Address
 200 S. Biscayne Blvd.
 Miami, Fl 33131

2. Principal Place of Business
 200 S. Biscayne Blvd.

3. Mailing Address
 200 S. Biscayne Blvd.

Suite, Apt. #, etc.
 Suite # 4100

Suite, Apt. #, etc.
 Suite # 4100

City & State
 Miami, Fl

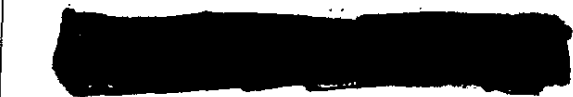
City & State
 Miami, Fl

Zip
 33131

Country
 Miami-Dade

Zip
 33131

Country
 Miami-Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number *Apply for* Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RJVF Corporate Services, Inc.
 200 S. Biscayne Blvd.
 Miami, Fl 33131

Name
 RJVF Corporate Services, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
 200 S. Biscayne Blvd.
 Suite # 4100
 City
 Miami, Fl FL Zip Code
 33131

8. 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

1. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mas, Juan Manuel Calle Punta Arena 1612 Capital Federal, Buenos Aires, Argentina <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/01