

FILED
Jun 18, 2002 8:00 am
Secretary of State

05-20-2002 90044 046 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000078317

1. Entity Name
LA PAMPA CORPORATION S.A.

Principal Place of Business
200 S BISCAYNE BLVD
#4100
MIAMI FL 33131

Mailing Address
200 S BISCAYNE BLVD
#4100
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		APPLIED FOR		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired		<input type="checkbox"/>		\$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 SUITE #4100 MIAMI FL 33131				Name CORPORATE INTERNATIONAL REGISTERED AGENTS INC. Street Address (P.O. Box Number is Not Acceptable)				
				SAME				
				City		FL	Zip Code	

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 _____ DATE 1/28/02
Signature, typed or printed name of registered agent and title in applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. 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 1812 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	D DE ANGELIS, JUAN JOSE CALLE PUNTA ARENA 1812 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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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

13. 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] DATE 4/15/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2004 (9/01)

Attachment 9/25/02
 Received Jun-04-02 10:02am
 From - 305 577 7001
 T-434 P.002 P-183

Form **SS-4**

Application for Employer Identification Number

(Rev. February 1998)
 Department of the Treasury
 Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN
OMB No. 1545-0043

Keep a copy for your records.

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) LA PAMPA CORPORATION S.A.	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) 200 S. Biscayne Blvd. #4100	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code Miami, FL 33131	5b City, state, and ZIP code
	6 County and state where principal business is located Miami-Dade County, Florida	
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or TIN may be required (see instructions) ▶ Juan Jose de Angelis	

8a Type of entity (Check only one box.) (see instructions)
 Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> REMIC	<input checked="" type="checkbox"/> Other corporation (specify) ▶ for profit
<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ▶	(enter GEN if applicable)
<input type="checkbox"/> Other (specify) ▶	

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State	Foreign country
Florida	

9 Reason for applying (Check only one box.) (see instructions)

<input checked="" type="checkbox"/> Started new business (specify type) ▶	<input type="checkbox"/> Banking purpose (specify purpose) ▶
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ▶
<input type="checkbox"/> Created a pension plan (specify type) ▶	<input type="checkbox"/> Purchased going business
	<input type="checkbox"/> Created a trust (specify type) ▶
	<input type="checkbox"/> Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions)
August 18, 2000

11 Closing month of accounting year (see instructions)
December

12 First date wages or salaries were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ **undetermined**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0- (see instructions)

Nonagricultural	Agricultural	Household
- 0 -	- 0 -	- 0 -

14 Principal activity (see instructions) ▶

15 Is the principal business activity manufacturing? Yes No

16 To whom are most of the products or services sold?—Please check one box.

<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Business (wholesale)	<input checked="" type="checkbox"/> N/A
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17a Has the applicant ever applied for an employer identification number for this or any other business? Yes No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ▶ Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (m., day, year) City and state where filed Previous EIN

I hereby declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ▶ **Juan Jose de Angelis, Director**

Business telephone number (include area code) **(305) 577 7000**

Fax telephone number (include area code) **(305) 577-7001**

Signature ▶ *Juan Jose de Angelis* Date ▶ **6/2/02**


Note: Do not write below this line. For official use only.

Please leave blank ▶	Gov.	Ind.	Class	Stat.	Reason for applying
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Attachment
93547

#P00000078317

REPUBLICA ARGENTINA MERCOSUR
 REGISTRO GENERAL ARGENTINA N° 12045478N



SE
 NOMBRE: JUAN JOSE
 APELLIDO: DE ANGELIS
 NACIMIENTO: ARG. GORDOBA
 FECHA: 09 AGO 56 ESTADO CIVIL: CASADO SEXO: M
 CATEGORIA: 12045478 CDT: 07026683

1693896

Juan Jose De Angelis