

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90826 024 \*\*\*150.00

DOCUMENT # **P00000078317**

Entity Name  
**A PAMPA CORPORATION S.A.**



Principal Place of Business <b>200 S BISCAYNE BLVD #4100 MIAMI FL 33131</b>	Mailing Address <b>200 S BISCAYNE BLVD #4100 MIAMI FL 33131</b>
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1. Principal Place of Business		3. Mailing Address		4. FEI Number <b>APPLIED FOR</b>		Applied For <input type="checkbox"/> Not Applied
Suite, Apt #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
Zip	Country	Zip	Country	Name		
				Street Address (P.O. Box Number is Not Acceptable)		
				City		
				FL Zip Code		

CHECK HERE IF MAKING CHANGES

<b>CORPORATE INTERNATIONAL REGISTERED AGENT</b> <b>200 S BISCAYNE BLVD</b> <b>SUITE #4100</b> <b>MIAMI FL 33131</b>				Name Street Address (P.O. Box Number is Not Acceptable) City		
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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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature typed or printed name of the person authorized to file this application. NOTE: Registered Agent signature required when registering.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<b>MAS, JUAN MANUEL</b>	NAME	
STREET ADDRESS	<b>CALLE PUNTA ARENA 1612 CAPITAL FEDERAL</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BUENOS AIRES, ARGENTINA</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<b>DE ANGELIS, JUAN JOSE</b>	NAME	
STREET ADDRESS	<b>CALLE PUNTA ARENA 1612 CAPITAL FEDERAL</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BUENOS AIRES, ARGENTINA</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Juan Mas* **4/21/03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR