

FROM : SUPPLIERS S.A.

PHONE NO. : ++54 11 434

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Secretary of State

05-05-2003 91449 003 ***150.00

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

90127648

DOCUMENT # P01000020074

1. Entity Name
ARGENCOMMERCE MIAMI, CORP.

Principal Place of Business
7311 NW 12TH STREET
SUITE 26
MIAMI, FL 33126

Mailing Address
P.O. BOX 526508
MIAMI, FL 33152

2. Principal Place of Business
9101 SW 16 ST.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Miami FL

City & State

4. FEI Number
65-1083965

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**ROTH, LEONARD A
C/O ROTH ROUSSO & DARACH P.A.
3440 HOLLYWOOD BLVD STE 360
HOLLYWOOD, FL 33021**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. Signature of Current Registered Agent
LEONARDO A ROTH, Esq **4-30-03**

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 P	NAME SALVATI, MARIO	TITLE	NAME
STREET ADDRESS 7311 NW 12TH STREET # 26	CITY-ST-ZIP MIAMI, FL 33126	STREET ADDRESS	CITY-ST-ZIP
TITLE S	NAME SALVATI, EZEQUIEL	TITLE	NAME
STREET ADDRESS 7311 NW 12TH STREET # 26	CITY-ST-ZIP MIAMI, FL 33126	STREET ADDRESS	CITY-ST-ZIP
TITLE VP	NAME GARCIA, MANUEL	TITLE	NAME
STREET ADDRESS 7311 NW 12TH STREET # 26	CITY-ST-ZIP MIAMI, FL 33126	STREET ADDRESS	CITY-ST-ZIP
TITLE T	NAME GARCIA, EDUARDO M	TITLE	NAME
STREET ADDRESS 7311 NW 12TH STREET # 26	CITY-ST-ZIP MIAMI, FL 33126	STREET ADDRESS	CITY-ST-ZIP
TITLE P	NAME SALVATI, MAXIMILIANO	TITLE	NAME
STREET ADDRESS 7311 NW 12TH STREET # 26	CITY-ST-ZIP MIAMI, FL 33126	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.077(3)(c), Florida Statutes. I further certify that the information is true and correct to the best of my knowledge and belief, 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 assignee of the corporation; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with my address, with all other persons empowered.

SIGNATURE: **MANUEL GARCIA, VP** **4-30-03** **954-322**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office

CR2E034 (10/02)

4280