


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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90947 025 ***150.00

DOCUMENT # P02000114048
1. Entity Name
Argenexport Corporation



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>185 SE 14 Terrace</u> Suite, Apt. #, etc. <u># 2209</u> City & State <u>Miami, FL</u> Zip <u>33138</u> Country <u>USA</u>		3. Mailing Address <u>185 SE 14 Terrace</u> Suite, Apt. #, etc. <u># 2209</u> City & State <u>Miami, FL</u> Zip <u>33138</u> Country <u>USA</u>	
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4. FEI Number <u>13-4218744</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name Martin Bauni
Street Address (P.O. Box Number is Not Acceptable)
185 SE 14 Terrace
2209
City Miami FL Zip Code 33138

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] DATE 4/10/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PD</u> <u>Zappacosta, Carlos A</u> <u>11-12060YEN 2195 Florida</u> <u>Buenos Aires, Argentina</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>Miguel Salem Mandor</u> <u>Luis Maria Campos 501-40P</u> <u>Capital Federati, Argentina</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>Frisch, Guillermo A.</u> <u>R1A-25K 12 Boca Raton</u> <u>PUAR Buenos Aires Argentina</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP</u> <u>Bauni, Martin</u> <u>185 SE 14 Terrace # 2209</u> <u>Miami, FL 33138</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with or without like empowered.

SIGNATURE: [Signature] DATE 4/10/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)