

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2000 8:00 am
Secretary of State

04-22-2000 90107 044 ***150.00

DOCUMENT # P98000034102

1. Entity Name
NAHUEL SOFT CORPORATION

R

| | |
|--|---|
| Principal Place of Business C/O ROTH & ROUSSO, P.A. 9350 SOUTH DIXIE HWY. PH 2 MIAMI FL 33156 | Mailing Address C/O ROTH & ROUSSO, P.A. 9350 SOUTH DIXIE HWY. PH 2 MIAMI FL 33156-2944 |
|--|---|



DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |

4. FEI Number **APPLIED FOR**
65-1000130

| | |
|-------------|----------------|
| Applied For | Not Applicable |
|-------------|----------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

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

ROTH, LEONARDO A
C/O ROTH & ROUSSO, P.A.
9350 SOUTH DIXIE HWY. PH 2
MIAMI FL 33156

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| State 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restating)

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, 2000, 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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|--|
| TITLE | DPT | <input type="checkbox"/> Delete |
| NAME | GNYP, JUAN CARLOS | |
| STREET ADDRESS | BME. MITRE 864, 9TH FLOOR | |
| CITY-ST-ZIP | 1036 BUENOS AIRES ARGENTINA | |
| TITLE | DVP | <input type="checkbox"/> Delete |
| NAME | SOLANA, JUAN F | |
| STREET ADDRESS | BME. MITRE 864, 9TH FLOOR | |
| CITY-ST-ZIP | 1036 BUENOS AIRES ARGENTINA | |
| TITLE | DS | <input checked="" type="checkbox"/> Delete |
| NAME | LOPEZ-ARRIETA, JUAN C | |
| STREET ADDRESS | BME. MITRE 864, 9TH FLOOR | |
| CITY-ST-ZIP | 1036 BUENOS AIRES ARGENTINA | |
| TITLE | | <input type="checkbox"/> Delete |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 registered 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 all other like empowered.

SIGNATURE: *JUAN CARLOS GNYP* **JUAN CARLOS GNYP**, President, **APRIL 4, 2000**