

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000010737

**FILED  
Apr 14, 2004  
Secretary of State**

**Entity Name:** THE PROVINCE OF CATAMARCA PROMOTION AGENCY, CORP.

**Current Principal Place of Business:**

16300 NE 19 AVENUE  
SUITE C  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

16300 NE 19 AVENUE  
SUITE C  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

**FEI Number:** 20-0624372      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RUBISTEIN NAVARRO, SEBASTIAN  
16300 NE 19 AVENUE  
SUITE C  
NORTH MIAMI BEACH, FL 33162

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RUBISTEIN NAVARRO, SEBASTIAN  
Address: 204 W 14TH STREET 1A  
City-St-Zip: NEW YORK, NY 10011

Title: VD ( ) Delete  
Name: PRESAS, MIRTHA  
Address: BARRIO CALERA DEL SAUCE CASA 12  
City-St-Zip: CATAMARCA ARGENTINA 4700,

Title: SD ( ) Delete  
Name: KRISKAUTZKY, NESTOR  
Address: LUIS DIAZ (NORTE) 67  
City-St-Zip: CATAMARCA ARGENTINA 4700,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SEBASTIAN RUBINSTEIN

PD

04/14/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date