

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18733

**Entity Name:** ARGENTINE-AMERICAN CHAMBER OF COMMERCE OF FLORIDA, INC.**FILED**  
**May 01, 2019**  
**Secretary of State**  
**7523241447CC****Current Principal Place of Business:**5835 BLUE LAGOON DRIVE,  
SUITE 212  
MIAMI, FL 33126**Current Mailing Address:**5835 BLUE LAGOON DRIVE,  
SUITE 212  
MIAMI, FL 33126 US**FEI Number: 65-0106011****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MB7 CORPORATE SERVICES LLC  
777 BRICKELL AVE  
1210  
MIAMI, FL 33131 US*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: MARCELA BOTTINELLI****05/01/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** TREASURER  
**Name** VITTORI, CARLOS  
**Address** 5835 BLUE LAGOON DRIVE,  
SUITE 212  
**City-State-Zip:** MIAMI FL 33126**Title** DIRECTOR  
**Name** CARIOLA, MARIANO  
**Address** 5835 BLUE LAGOON DRIVE,  
SUITE 212  
**City-State-Zip:** MIAMI FL 33126**Title** DIRECTOR  
**Name** MOLINARI, DIEGO  
**Address** 5835 BLUE LAGOON DRIVE,  
SUITE 212  
**City-State-Zip:** MIAMI FL 33126**Title** DIRECTOR  
**Name** MURRAY, PATRICK  
**Address** 5835 BLUE LAGOON DRIVE,  
SUITE 212  
**City-State-Zip:** MIAMI FL 33126**Title** SECRETARY  
**Name** BOTTINI, MARCELO W  
**Address** 5835 BLUE LAGOON DRIVE,  
SUITE 212  
**City-State-Zip:** MIAMI FL 33126**Title** PRESIDENT  
**Name** MACHO, ROBERTO  
**Address** 777 BRICKELL AVE  
1210  
**City-State-Zip:** MIAMI FL 33131**Title** DIRECTOR  
**Name** CIGNONI, EZEQUIEL  
**Address** 5835 BLUE LAGOON DRIVE,  
SUITE 212  
**City-State-Zip:** MIAMI FL 33126**Title** DIRECTOR  
**Name** BARLETTA, JOSE  
**Address** 5835 BLUE LAGOON DRIVE,  
SUITE 212  
**City-State-Zip:** MIAMI FL 33126**Continues on page 2**

I hereby 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 all other like empowered.

**SIGNATURE: BARBUSCIO , LEONARDO****D****05/01/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	BARBUSCIO, LEONARDO
Address	5835 BLUE LAGOON DRIVE, SUITE 212
City-State-Zip:	MIAMI FL 33126