

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)**

**APPROVED  
AND  
FILED**

95 JUN 19 PM 6:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 763953 (7)**

1. Corporation Name  
**SOCIEDAD ARGENTINA EN MIAMI, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>3383 NW 7 STREETM STE. #200 MIAMI FL 33125</b>	Mailing Address <b>3383 NW 7 STREETM STE. #208 MIAMI FL 33125</b>
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3. Date Incorporated or Qualified <b>06/29/1982</b>	3a. Date of Last Report <b>07/08/1994</b>
4. FEI Number <b>59-2215828</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>FILING FEE IS \$61.25</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent

**MURPHY, YVETTE G  
2121 PONCE DE LEON BLVD  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title (applicable) NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>CACCAMO, PEDRO</b>
STREET ADDRESS	<b>5201 N.W. 7 STR-APT 607</b>
CITY - ST - ZIP	<b>MIAMI, FL 33126</b>
TITLE	<b>VD</b>
NAME	<b>GARCIA, JUAN MANUEL S</b>
STREET ADDRESS	<b>2391 CORAL WAY</b>
CITY - ST - ZIP	<b>MIAMI FL 33145</b>
TITLE	<b>TD</b>
NAME	<b>PAULIS, JUAN CARLOS</b>
STREET ADDRESS	<b>90 EDGEWATER DRIVE</b>
CITY - ST - ZIP	<b>CORAL GABLES FL</b>
TITLE	<b>SD</b>
NAME	<b>BARDONI, ALBERTO</b>
STREET ADDRESS	<b>8893 FONTAINBLUE BLVD. # 201</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

**700001517957  
-06/20/95--01103--006  
\*\*\*155.00 \*\*\*155.00**

Change  Addition

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Change  Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated in this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE: *[Signature]* PEDRO CACCAMO (PRESIDENT)** **6-9-95 308448-0783**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)

CR2E037 (3-95)