

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 763953 (7)
1. Corporation Name

SOCIEDAD ARGENTINA EN MIAMI, INC.

Principal Place of Business: 700 S.W. 44 Place, Miami, FL 33134
Mailing Address: 700 S.W. 44 Place, Miami, FL 33134

3. Date Incorporated or Qualified: 06/29/1982
3a. Date of Last Report: /1995

2. Principal Place of Business: 21
2a. Mailing Address: 26

4. FEI Number: 59-2215828
Applied For: Not Applicable

Suite, Apt. #, etc.: 22

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State: 23

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip: 24
Country: 25

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
MURPHY, IVETTE 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
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CACCAMO, PEDRO	
STREET ADDRESS	5201 N.W. 7 STR-APT 511	
CITY-ST-ZIP	MIAMI, FLA. 33126	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GARCIA, JUAN MANUEL S	
STREET ADDRESS	2391 CORAL WAY	
CITY-ST-ZIP	MIAMI, FLA 33145	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ALFREDO MARINO	
STREET ADDRESS	2984 S.W. 15 STR	
CITY-ST-ZIP	MIAMI, FLA. 33145	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BARDONI ALBERTO	
STREET ADDRESS	8893 FONTAINBLUE BLVD # 201	
CITY-ST-ZIP	MIAMI, FLA. 33172	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on 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: _____ PRESIDENT: Pedro Caccamo 04/22/96 (305) 448-0983
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E037 (12/95)