


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

FILED

**Sep 18 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/29/1982		3a. Date of Last Report 04/29/1996	
4. FEI Number 59-2215828		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business 21 2757 Coral Way		2a. Mailing Address 26 5201 N.W. 7th. Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State 23 Miami- Florida		City & State 28 Miami- Florida	
Zip 24 33145	Country 25 Dade	Zip 29 33126	Country 30 Dade

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	
B1 Name		B2 Street Address (P.O. Box Number Is Not Acceptable)	
B3		B4 City	
B5 Zip Code		FL	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME CACCAMO, PEDRO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5201 N.W. 7 STR-APT 511	CITY-ST-ZIP MIAMI, FL 33128	1.2 NAME	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
TITLE VD	NAME GARCIA, JUAN MANUEL S	1.4 CITY-ST-ZIP	
STREET ADDRESS 2391 CORAL WAY	CITY-ST-ZIP MIAMI FL 33145	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	2.2 NAME	
TITLE TD	NAME MARINO, ALFREDO	2.3 STREET ADDRESS	
STREET ADDRESS 2984 S.W. 15 ST.	CITY-ST-ZIP MIAMI FL 33145	2.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	NAME BARDONI, ALBERTO	3.2 NAME	
STREET ADDRESS 8893 FONTAINBLUE BLVD. # 201	CITY-ST-ZIP MIAMI FL 33172	3.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 _____ DATE **9-10-97**

CR2E037 (4/97)

TS 9/18/97

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