2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763953

1. Entity Name

SOCIEDAD ARGENTINA EN MIAMI, INC.

May 31, 2000 8:00 am Secretary of State 05-31-2000 90054 018 ****61.25 Principal Place of Business Mailing Address 2757 CORAL WAT 5201 N.W. 7TH STREET #511 MIAMI-FL-03145-MIAMI FL 33126-3341 2 Principal Place of Business 5201 N.W. 7TH STREET 3. Mailing Address Suite, Apt. #, etc. # 511 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Çity & State MIAMI, FLORIDA City & State Applied For 4. FEI Number 59-2215828 Not Applicable zip 33126 Zip Country DADE Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MURPHY, YVETTE G 2121 PONCE DE LEON BLVD **CORAL GABLES FL 33134** City Zip Code 8. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be П Trust Fund Contribution. Added to Fees **FEE IS \$61.25** Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Change ☐ Delete ☐ Addition TITLE ÅĽFREDO MARINO NAME CACCAMO, PEDRO NAME 5199 NW 7TH. SREET-APT. # 515 STREET ADDRESS STREET ADDRESS 5201 N.W. 7 STR-APT 511. CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL. 33126 MIAMI, FL 33126 X Change TITLE Delete TITLE ☐ Addition GLADYS B.PIACENTI 1990 S.W. 94 AVE MIAMI, FL. 33165 NAME MARCHISIO, HECTOR E NAME STREET ADDRESS STREET ADDRESS 1045 SW 118 CT CITY-ST-ZIP. MIAMI:FL 33184 -- --Change Delete TITLE ☐ Addition TITLE CARLOS BARDONI 8893 FOINTANBLEAU BLVD.#-201 NAME MARINO, ALFREDO NAME STREET ADDRESS STREET ADDRESS 2984 S.W. 15 ST. MIAMI, FL. 33172 CITY-ST-ZIP CITY-ST-ZIE MIAMI FL 33145 Delete SD TITLE ☐ Change ☐ Addition TITLE NAME BARDONI, ALBERTO NAME STREET ADDRESS STREET ADDRESS 8893 FONTAINBLUE BLVD. # 201 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33172** TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing loss not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, il further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusteel empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

JUL 14 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED