

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 91036 006 \*\*\*158.75

FORM 1118 1M

**DOCUMENT # F01000005879**

1. Entity Name  
**INTERNATIONAL FALLS INC.**



Principal Place of Business  
**50 ST PLAZA BANCOMER BLDG  
FLOOR #19  
PANAMA CITY, PANAMA XX  
OC**

Mailing Address  
**JUAN DIAZ DE SOLIS  
1137 HURLINGTON 1686  
BUENOS AIRES AR  
OC**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
**JUAN DIAZ DE SOLIS 1137**  
Suite, Apt. #, etc.  
City & State  
**HURLINGHAM - Bs As**  
Zip Country  
**1686 ARGENTINA**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MUELLE, ALEJANDRO  
1450 MADRUGA AVE  
#206  
CORAL GABLES FL 33146**

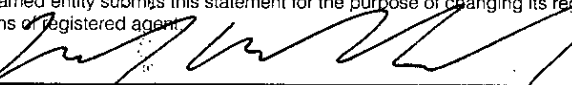
7. Name and Address of New Registered Agent

Name  
**MELAND Russin-Hellinger & Budwick**

Street Address (P.O. Box Number is Not Acceptable)  
**3000 FIRST UNION FINANCIAL  
CENTER - 200 S. Biscayne Blvd.**

City  
**MIAMI FL** Zip Code  
**33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **MARK MELAND** DATE **3/30/03**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP <b>PISARENKO, NICOLAS</b> <b>VIAMONTE 1328 5TH FLOOR OFFICE #20</b> <b>BUENES AIRES 1053 ARGENTINA AR</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <b>LLAURADO, ZADIE</b> <b>50 ST PLAZA BANCOMER BLDG FLOOR #19</b> <b>PANAMA CITY REP. OF PANAMA XX</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <b>DIAZ, MARIA PATRICIA</b> <b>50 ST PLAZA BANCOMER BLDG FLOOR #19</b> <b>PANAMA CITY REP OF PANAMA XX</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 report or supplemental 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 607, 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.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)