

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

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

3. Mailing Address

JUAN DIAZ DE SOLIS 1137

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HURLINGTON - Bs As

Zip

Country

Zip

Country

1686

ARGENTINA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

MARU MELAND

3/30/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **CP** ☐ Delete
NAME **PISARENKO, NICOLAS**
STREET ADDRESS **VIAMONTE 1328 5TH FLOOR OFFICE #20**
CITY-ST-ZIP **BUENES AIRES 1053 ARGENTINA AR**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☐ Delete
NAME **LLAURADO, ZADIE**
STREET ADDRESS **50 ST PLAZA BANCOMER BLDG FLOOR #19**
CITY-ST-ZIP **PANAMA CITY REP. OF PANAMA XX**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** ☐ Delete
NAME **DIAZ, MARIA PATRICIA**
STREET ADDRESS **50 ST PLAZA BANCOMER BLDG FLOOR #19**
CITY-ST-ZIP **PANAMA CITY REP. OF PANAMA XX**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 REQUIRED**

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)