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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
05-01-2002 91542 004 ***150.00

DOCUMENT # F46764

1. Entity Name
RIVER PLATE PROPERTIES, INC.

Principal Place of Business	Mailing Address
C/O TUCUMAN 2960. PLANTA BAJA BUENOS AIRES ARGENTINA	~~SR. ERNESTO SANCHEZ, P.A.~~ ~~644 PONCE DE LEON BLVD 505~~ ~~CORAL GABLES FL 33134~~ ~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 404
City & State	City & State Coral Gables, Florida
Zip / Country	Zip 33146 / Country U.S.A

4. FEI Number 65-0170572 ☐ 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
~~SANCHEZ, ERNESTO P~~ ~~644 PONCE DE LEON BLVD~~ ~~SUITE 505~~ ~~CORAL GABLES FL 33134~~	Name Pedro L. Alberni Street Address (P.O. Box Number is Not Acceptable) 4649 Ponce de Leon Blvd, Suite 404 City Coral Gables FL Zip Code 33146

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 Pedro L. Alberni 5/13/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☒ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SAMILIAN, MANUEL TUCUMAN 2960 BUENOS AIRES, ARGENTINA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SAMILIAN, GILDA TUCUMAN 2960 BUENOS AIRES, ARGENTINA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Manuel Samilian 4/17/02 305-662-7272
SIGNATURE AND ~~TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR~~ Date Daytime Phone #