

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005209

Entity Name: ASATEJ S.R.L.

FILED
Apr 19, 2004
Secretary of State

Current Principal Place of Business:

2360 COLLINS AVENUE
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

2360 COLLINS AVENUE
MIAMI BEACH, FL 33139 US

New Mailing Address:

FEI Number: 98-0234232

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERSON, SOREN
19370 COLLINS AVE APT 1208C
NORTH MIAMI BEACH, FL 33160 US

Name and Address of New Registered Agent:

PETERSEN, SOREN
19380 COLLINS AVE APT 1201 B
NORTH MIAMI BEACH, FL 33160 US

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: GOLITZ,SEBASTIAN

04/19/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BIRABEN, EDUARDO H
Address: FLORIDA 835 3 DEGREES PISO OFF 320
City-St-Zip: CAPITAL FED ARGENTINA, (1005) OC

Title: VP () Delete
Name: LAFOSSE, JUAN PABLO
Address: FLORIDA 835 3 DEGREES PISO OFF 320
City-St-Zip: CAPITAL FED ARGENTINA, (1005) OC

Title: P () Delete
Name: GOLITZ, SEBASTIAN
Address: FLORIDA 835 3 DEGREES PISO OFF 320
City-St-Zip: CAPITAL FED ARGENTINA, (1005)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GOLITZ,SEBASTIAN

P

04/19/2004

Electronic Signature of Signing Officer or Director

Date