2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000003197

1. Entity Name
INTERNATIONAL CLUB OF ARGENTINE TANGO OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
HALLANDALE CULTURAL COMMUNITY CENTER 401 SE 3RD ST HALLANDALE BEACH, FL 33009	4855 HUNTERS WAY BOCA RATON, FL 33434

DO NOT WRITE IN THIS SPACE

01072004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0775103

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, CARMEN
4855 HUNTERS WAY
BOCA RATON, FL 33434

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

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	LOPEZ, CARMAN
STREET ADDRESS	4855 HUNTER'S WAY
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	VTD
NAME	TERAMO, JUAN
STREET ADDRESS	8877 COLLINS AVE APT 402
CITY-ST-ZIP	SURFSIDE, FL 33154
TITLE	S
NAME	TERANO, JUAN
STREET ADDRESS	8877 COLLINS AVE APT 402
CITY-ST-ZIP	MIAMI BEACH, FL 33154
TITLE	D
NAME	CARMEN, MA
STREET ADDRESS	17000 NW 67TH AVE APT 135
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/19/04-80073-007 70.00

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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 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.

SIGNATURE: Carmen M. A. Lopez 04-12-04 561-241-6585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #