2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003727

Entity Name: S.O.S. ARGENTINA INCORPORATED

FILED Apr 06, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

81 NW 163RD STREET MIAMI, FL 33169

Current Mailing Address: New Mailing Address:

81 NW 163RD STREET MIAMI, FL 33169

FEI Number: 03-0457354 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CERVONE, MARIA CRISTINA
81 NW 163RD STREET
MIAMI, FL 33169 US

CERVONE, JUAN
81 NW 163RD STREET
MIAMI, FL 33169 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: JUAN CERVONE 04/06/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition
Name: CERVONE, MARIA CRISTINA Name: CERVONE, JUAN
Address: 94 NW 462RD STREET

 Address:
 81 NW 163RD STREET
 Address:
 81 NW 163RD STREET

 City-St-Zip:
 MIAMI, FL 33169
 City-St-Zip:
 MIAMI, FL 33169

Title: () Delete Title: (X) Change () Addition Name: BANGO, EBENGO Name: STELLA MARIS, FERNANDEZ Address: 2175 NW 37TH AVENUE Address: PASAJE CALIXTO GUANA 246 City-St-Zip: COCONUT CREEK, FL City-St-Zip: SALTA CAPITAL 4400, AR 4400 AR

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 NASELLI, PABLO E
 Name:
 NASELLI, PABLO E

 Address:
 PASTEUR 719
 Address:
 PASTEUR 719

City-St-Zip: BUENOS AIRES,ARGENTINA, City-St-Zip: BUENOS AIRES,ARGENTINA, AR 1754 AR

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN CERVONE PD 04/06/2004