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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 12 AM 7:34

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000003727

1. Entity Name
S.O.S. ARGENTINA INCORPORATED

80044934

| Principal Place of Business | Mailing Address |
|---|---|
| 81 NW 163RD STREET<br>MIAMI, FL 33169 | 81 NW 163RD STREET<br>MIAMI, FL 33169 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 03-0457354 — 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 |
|---|---|
| CERVONE, MARIA CRISTINA<br>81 NW 163RD STREET<br>MIAMI, FL 33169 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |

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: X Maria C. Cervone 02-21-03
(Signature applicable only in event name of registered agent is changed) (NOTE: Registered Agent's Signature required when filing) DATE

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

Make Check Payable to: Florida Department of State

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|
| TITLE | D | ☐ Delete | P/D | ☑ Change ☐ Addition |
| NAME | CERVONE, MARIA CRISTINA | | Mrs. Maria Cristina Cervone | |
| STREET ADDRESS | 81 NW 163RD STREET | | 81 NW 163rd Street | |
| CITY-ST-ZIP | MIAMI, FL 33169 | | Miami, FL 33169 | |
| TITLE | D | ☒ Delete | | ☐ Change ☐ Addition |
| NAME | CERVONE, JUAN O | | | |
| STREET ADDRESS | 81 NW 163RD STREET | | | |
| CITY-ST-ZIP | MIAMI, FL 33169 | | | |
| TITLE | D | ☒ Delete | | ☐ Change ☐ Addition |
| NAME | CERVONE, GUSTAVO O | | | |
| STREET ADDRESS | 81 NW 163RD STREET | | | |
| CITY-ST-ZIP | MIAMI, FL 33169 | | | |
| TITLE | | ☐ Delete | D | ☐ Change ☑ Addition |
| NAME | | | Mr. Ebengo Bango | |
| STREET ADDRESS | | | 2175 NW 37th Avenue | |
| CITY-ST-ZIP | | | Coconut Creek, FL | |
| TITLE | | ☐ Delete | D | ☐ Change ☑ Addition |
| NAME | | | Mr. Pablo Eduardo Nasell | |
| STREET ADDRESS | | | Pasteur 719 | |
| CITY-ST-ZIP | | | Buenos Aires, Argentina | |
| TITLE | | ☐ Delete | | ☐ Change ☐ Addition |
| NAME | | | | |
| STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | | |

CR2E037 (10/02)

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: X Maria C. Cervone 02-21-03
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR OFFICER OR DIRECTOR — Date — Daytime Phone #

(305) 945-3739