

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90007 038 ****61.25

DOCUMENT # N03000009385

1. Entity Name
AMERICAN ARGENTINE ART ASSOCIATION INC



Principal Place of Business
8509 SOUTH U.S. 1
SUITE 6
PORT ST. LUCIE, FL 34952 US

Mailing Address
8509 SOUTH U.S. 1
SUITE 6
PORT ST. LUCIE, FL 34952 US

54016113



01212004 Chg-NP CR2E037 (10/03)

4. FEI Number
20-0370539

Applied For
Not Applicable

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

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent

ECHARREN, WALTER
4200 NORTH A1A
SUITE 1113
FORT PIERCE, FL 34949

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

3/1/04

Filing Fee is \$61.25
Due by May 1, 2004

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	P	<input type="checkbox"/> Delete
NAME	ECHARREN, WALTER	
STREET ADDRESS	4200 NORTH A1A SUITE 1113	
CITY-ST-ZIP	FORT PIERCE, FL 34949	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEEGSTRA, ALICIA L	
STREET ADDRESS	4200 NORTH A1A SUITE 1113	
CITY-ST-ZIP	FORT PIERCE, FL 34949	
TITLE	S	<input type="checkbox"/> Delete
NAME	TINELLI, CARLOS	
STREET ADDRESS	SAN JUAN 3852	
CITY-ST-ZIP	BUENOS AIRES, CP ARGENTINA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/04