

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000000419

FILED
Nov 04, 2009
Secretary of State

Entity Name: CRUZ DEL SUR INC.

Current Principal Place of Business:

25 SE 2 AVE
410
MIAMI, FL 331311510 US

New Principal Place of Business:

Current Mailing Address:

25 SE 2 AVE
410
MIAMI, FL 331311510 US

New Mailing Address:

FEI Number: 26-1762827 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

VEGA, JOSE M
25 SE 2 AVE
410
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: JOSE M VEGA

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FERNANDEZ-IRIATE, MARTA A
Address: FRENCH 2647 5TO PISO
City-St-Zip: BUENOS AIRES, BA 1425 AR

Title: D () Delete
Name: RODRIGUEZ, NORA
Address: 1450 BRICKELL BAY DRIVE 1109
City-St-Zip: MIAMI, FL 33131 US

Title: D () Delete
Name: MAZZAFERO, VICENTE E
Address: JUNCAL 2340 7MO PISO
City-St-Zip: BUENOS AIRES, BA 1125 AR

Title: D () Delete
Name: VEGA, JOSE M
Address: 25 SE 2 AVE 410
City-St-Zip: MIAMI, FL 331311510 US

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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MARTA A FERNANDEZ-IRIATE

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11/04/2009

Electronic Signature of Signing Officer or Director

Date