

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90029 025 ****61.25

DOCUMENT # N49790
 1. Entity Name
ASOCIACION ARGENTINA DE FLORIDA CENTRAL, INC.

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|---|---|
| Principal Place of Business 338 TURKEY RUN WINTER PARK FL 32789 | Mailing Address P.O. BOX 1149 GOLDENROD FL 32733-1149 |
|---|---|

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|--|--|
| 2. Principal Place of Business 5460 Hoffner Road Suite, Apt. #, etc. Suite 406 | 3. Mailing Address 5460 Hoffner Road Suite, Apt. #, etc. Suite 406 |
| City & State Orlando, FL | City & State Orlando, FL |



DO NOT WRITE IN THIS SPACE

| | | | |
|---------------------|-----------------------|---------------------|---------|
| Zip 32812 | Country USA | Zip 32812 | Country |
|---------------------|-----------------------|---------------------|---------|

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| 4. FEI Number 59-3132916 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

6. Name and Address of Current Registered Agent
**BOERO, CARLOS
 439 BONIFAY AV
 ORLANDO FL 32825**

7. Name and Address of New Registered Agent
 Name **Miguel Villosio**
 Street Address (P.O. Box Number is Not Acceptable)
**5725 Gatlin Avenue
 Apt. 312**
 City **Orlando** FL Zip Code **32822**

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.

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

Miguel Villosio, V-President

| | | |
|---------------------------------|---|--|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|---------------------------------|---|--|

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SCHETCHMANN, NORBERTO 775 SOUTH TROPICAL TRAIL MERRITT ISLAND FL 32952 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MATILDE, MEL 8000 KRYSTAL LYNN CT ORLANDO FL 32822 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD DONNALLY, SUSANNA 1181 MYRTLE LAKE HILLS RD LONGWOOD FL 32750 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Matilde Mel 8000 Krysta Lynn Court Orlando, FL 32822 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD Miguel Villosio 5725 Gatlin Avenue Orlando, FL 32822 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD Aldo Cortese 3783 North County Road 426 Geneve, FL 32732 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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]* **REQUIRED** 3-1
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)