

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003945 (3)

1. Corporation Name

ORGANIZACION CULTURAL ARGENTINA DE PALM BEACH IN C.



Principal Place of Business

Mailing Address

6295 LAKE WORTH RD
BAY 35
LAKE WORTH FL 33463
US

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BAY 35
LAKE WORTH FL 33463
US

3. Date Incorporated or Qualified
08/27/1993

3a. Date of Last Report
07/14/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
65-0432247

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATE CREATIONS ENTERPRISES INC
4521 PGA BLVD
PALM BEACH GARDENS FL 33418

81 Name

MOISES ARUJ

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

7752 FORESTAY DR.

83

84 City

LAKE WORTH

85 State

FL

86 Zip Code

33467

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sec. 617.0503, Florida Statutes.

SIGNATURE

Moises Aruj

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

(NOTE: Registered Agent signature required when reinstating)

2-14-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **FIOR, CARLOS**
STREET ADDRESS **2944 WERWOOD CT**
CITY-STATE-ZIP **WEST PALM BEACH FL**

1.1 TITLE **ALFREDO FERRARO** ☒ Change ☐ Addition
1.2 NAME **7855 FORESTAY DRIVE**
1.3 STREET ADDRESS **LAKE WORTH FL. 33467**
1.4 CITY-STATE-ZIP

TITLE **D** ☒ DELETE
NAME **MOGUILLANSKI, RUTH**
STREET ADDRESS **1400 VILLAGE BLVD APT 805**
CITY-STATE-ZIP **WEST PALM BEACH FL**

2.1 TITLE **ALBERTO ZEITUNE** ☒ Change ☐ Addition
2.2 NAME **6310 EMERALD SKY LA.**
2.3 STREET ADDRESS **GREENACRES FL. 33463**
2.4 CITY-STATE-ZIP

TITLE **D** ☐ DELETE
NAME **ARUJ, ESTRELLA**
STREET ADDRESS **% 963 S MILITARY TRAIL**
CITY-STATE-ZIP **WEST PALM BEACH FL 33415**

3.1 TITLE **ARUJ ESTRELLA** ☒ Change ☐ Addition
3.2 NAME **7752 FORESTAY DR.**
3.3 STREET ADDRESS **LAKE WORTH FL. 33467**
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Moises Aruj

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-96

DATE

407-966-0900

DATE AND PHONE #

CR2E037 (12/95)