FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary castate

DIVISION OF CORPORATIONS

1997

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N93000003945 (3) **DOCUMENT #**

ORGANIZACION CULTURAL ARGENTINA DE PALM BEACH INC

Principal Place of Business Mailing Address 6295 LAKE WORTH RD 6295 LAKE WORTH RD LAKE WORTH FL 83463 LAKE WORTH FL 33463-2909 3. Date Incorporated or Qualified 08/27/1993 3a. Date of Last Report 02/19/1996 2. Principal Place of Business 4. FEI Number 65-0432247 2a. Mailing Address Applied For 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MOISES, ARUJ Street Address (P.O. Box Number is Not Acceptable) 82 7752 FORESTAY DRIVE 83 LAKE WORTH FL 33467 84 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statules, 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, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. (96/6) 13. VAIY GARLOS NAVARRAT Change DELETE TITLE FERRARO, ALFREDO 1.2 NAME NAME 1.3 STREET ADDRESS 7855 FORESTAY DRIVE PL. 334/70 PRESIDENT STREET ADDRESS LAKE WORTH FL 1.4 CITY-S1-ZIP CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE ZEITUNE, ALBERTO NAME 2.2 NAME 6310 EMERALD SKY LANE STREET, ADDRESS 2.3 STREET ADDRESS **GREENACRES FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME # ARUJ, ESTRELLA 3.2 NAME 7752 FORESTAY DRIVE STREET ADDRESS 3.3 STREET ADDRESS LAKE WORTH FL CITY-ST-ZIP 34. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP 0000020860\$5^{hange} -02/12/97--01132--005 DELETE Addition TITLE 6.1 TITLE NAME: 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS ***61.25 CITY-ST-ZIP 6.4 CITY-S1-ZIP

14. I do 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 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.

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FILED

Feb 12 1997 8:00am

Secretary of State