

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N95000005581 (2)

1. Corporation Name

CASA ARGENTINA DE MIAMI, INC.

Principal Place of Business

Mailing Address

1150 COLLINS AVE.
SUITE 503
MIAMI BEACH FL 33139

1150 COLLINS AVE.
SUITE 503
MIAMI BEACH FL 33139

2. Principal Place of Business

2a. Mailing Address

21 8000 East Dr.

25 8000 East Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 102

27 Suite 102

City & State

City & State

23 Harbor Island North Bay Village

28 North Bay Village

Zip

Zip

24 Miami 33141

29 Miami 33141

Country

Country

25 U.S.A.

30 U.S.A.

9. Name and Address of Current Registered Agent

PERCUL, EVA C
1150 COLLINS AVE. #503
MIAMI FL 33139

3. Date Incorporated or Qualified

11/27/1995

4. FEI Number

APPLIED FOR 65-0880414

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name EVA CLARA PERCUL

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

8000 EAST DR. SUITE 102 HARBOR ISLAND

83

84 City MIAMI

FL

85 Zip Code 33141

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, 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME PERCUL, EVA C
STREET ADDRESS 1150 COLLINS AVE.
CITY-ST-ZIP MIAMI FL 33139

TITLE D ☐ DELETE
NAME BROK, SERGIO F A
STREET ADDRESS 1500 CONCORD TERRACE
CITY-ST-ZIP SUNRISE FL 33323

TITLE D ☐ DELETE
NAME LEON, ABILIO
STREET ADDRESS 5800 S.W. 8TH STREET
CITY-ST-ZIP MIAMI FL 33144

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D. PRESIDENT FOUNDER ☒ Change ☐ Addition
1.2 NAME PERCUL, EVA C
1.3 STREET ADDRESS 8000 East Drive Suite 102 - Harbor Island
1.4 CITY-ST-ZIP North Bay Village Miami FL 33141

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE D. VIC. PRESIDENT ☒ Change ☐ Addition
3.2 NAME LAURA ADRIANA ROZEN
3.3 STREET ADDRESS 8000 East Dr. Suite 211 HARBOR ISLAND
3.4 CITY-ST-ZIP NORTH BAY VILLAGE MIAMI FL 33141

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 800002722508-7
4.4 CITY-ST-ZIP -12/24/98-01093-006

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

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

14. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

September 30th 1998 (305) 757-0211

Date

Daytime Phone #

FILED

98 DEC 18 PM 6:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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CR2E037 (5/98)