SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005581

1. Corporation Name

CASA ARGENTINA DE MIAMI, INC.

Principal Place of Business -8000 EAST DR SUITE 102 HARBOR ISLAND NORTH BAY VILLAGE FL 33140 Mailing Address

8000 EAST DR SUITE 102 HARBOR ISLAND NORTH BAY VILLAGE FL 33140 FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

	·				REINSTATEMENT	rag	0
2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualifed			
21		26			11/27/1995		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number 65-0880414		lied [9[
22		27			00 0000414		Applicatie
- City & State		City, & State			-5 - Certificate of Sterus Desired	\$8.75 Ac	
Zip Country		28 Zin	Zip Country		A Florida Constitution		
	25	⊢ · ⊢	30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to	,
24	9. Name and Address of Current		130		10. Name and Address of New Registered Agent		
	o. Haire and Address of Gallent	140Bibto Da 11Bone	81	Name			
DEDCH EVA C							
PERCUL, EVA C			82	Street Address (P.O. Box Number is Not Acceptable)			
8000 EAST DR SUITE 102 HARBOR ISLAND			83				
	BAY VILLAGE FL 33140						
NOAITE	DAT VILLAGE FL 33140		84	City	· FL	85 Zip Co	ode
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							
Signature, typed or printed-name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.	3,1,102,107,111,0				ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition
TITLE	PFD T	· DELETE	1.1 TITLE				_
NAME **	PERCUL, EVA C	, -	1.2 NAME		- 5000 <u>031</u> 95 <u>0</u>	JlbŢ	
STREET ADDRESS	8000 EAST DR	,	1.3 STREE		-04/04/0001		
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33140	☐ DELETE	1.4 CITY-S 2.1 TITLE	T-ZIP	<u>****297.50</u>	<u>*******2°⊒</u> ☐ Change	Addition
NAME	D LI DELETE 2.11 BROK, SERGIO F A 221						
				ADDRESS	-		ĺ
STREET ADDRESS				T-ZIP			
CITY-ST-ZIP TITLE	D NO MORE DELETE 3.1			11-21		Change	☐ Addition
NAME	LEON, ABILIO	OKE	3.2 NAME				
STREET ADDRESS	5800 S.W. 8TH STREET	· ,	3.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33144		3.4. CITY-S		•		
TITLE	DVP	DELETE	4.1 TITLE	-		Change	Addition
NAME	ROZEN, LAURA A	N.	4. 2 NAME				
STREET ADDRESS	8000 EAST DR, SUITE 211		4.3 STREET	ADDRESS		_	
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33140		4.4 CITY-S			97	
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
				- 1			

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, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

□ DELETE

☐ Change

Addition