

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Sep 19 1997 8:00am  
Secretary of State

DOCUMENT # N96000003205 (9)

1. Corporation Name

ASOCIACION ARGENTINA DE LA BAHIA DE TAMPA, INC.



Principal Place of Business Mailing Address  
POST OFFICE BOX 11137 POST OFFICE BOX 11137  
ST. PETERSBURG FL 33733 ST. PETERSBURG FL 33733

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/14/1996 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number ☒ 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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOPEZ, NORMA R  
6540 GULFPORT BOULEVARD  
ST. PETERSBURG FL 33707  
J. OSVALDO LAINO  
324 SO. HYDE PARK AVE.  
SUITE 275  
TAMPA, FLORIDA 33606

81 Name J. OSVALDO LAINO  
82 Street Address (P.O. Box Number is Not Acceptable)  
324 SO. HYDE PARK AVE., SUITE 275  
83  
84 City TAMPA FL 85 Zip Code 33606

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]* President

7/26/97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME LAINO, OSVALDO  
STREET ADDRESS 324 SO. HYDE PARK AVE.  
CITY-ST-ZIP TAMPA FL 33606 TAMPA, FL 33606

1.1 TITLE PRESIDENT, DIRECTOR ☒ Change ☐ Addition  
1.2 NAME SAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☒ DELETE  
NAME BALDI, SUSANA  
STREET ADDRESS 2187 CITRUS HILL LANE  
CITY-ST-ZIP PALM HARBOR FL 34883

2.1 TITLE VP SOCIALS, DIRECTOR ☐ Change ☒ Addition  
2.2 NAME OMAR BERNINI  
2.3 STREET ADDRESS 7506 MAYFAIR COURT  
2.4 CITY-ST-ZIP TAMPA, FL 33634

TITLE ☐ DELETE  
NAME MOLNAR, NORMA  
STREET ADDRESS 4913 38TH WAY SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL 33711

3.1 TITLE VP CULTURE, DIRECTOR ☒ Change ☐ Addition  
3.2 NAME SAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☒ DELETE  
NAME LOPEZ, NORMA  
STREET ADDRESS 6540 GULFPORT BOULEVARD  
CITY-ST-ZIP ST. PETERSBURG FL 33707

4.1 TITLE TREASURER, DIRECTOR ☐ Change ☒ Addition  
4.2 NAME LEONOR CARVAJAL  
4.3 STREET ADDRESS 1006 SANABEL COURT, N.E.  
4.4 CITY-ST-ZIP ST. PETERSBURG, FL 33702

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE SECRETARY ☐ Change ☒ Addition  
5.2 NAME KARINA IACOMUCCI  
5.3 STREET ADDRESS 2400 FEATHER SOUND DRIVE, #222  
5.4 CITY-ST-ZIP CLEARWATER, FL 34622

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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.

SIGNATURE *[Signature]* President

7/26/97

(012) 251-2500

CR2E037 (4/97)