

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90737 038 ***150.00

DOCUMENT # **901000050417** ✓
1. Entity Name
PATAGONIA TOP CORPORATION

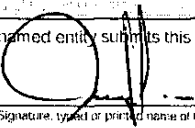
DO NOT WRITE IN THIS SPACE

B0061862

2. Principal Place of Business 12555 ORANGE DRIVE Suite, Apt. #, etc. 252		3. Mailing Address 12555 ORANGE DRIVE Suite, Apt. #, etc. 252	
City & State DAVE, FLORIDA		City & State DAVE, FLORIDA	
Zip 33330	Country USA	Zip 33330	Country USA

DO NOT WRITE IN THIS SPACE

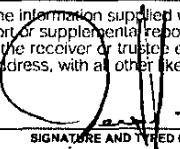
DO NOT WRITE IN THIS SPACE	4. FEI Number 65-1116860		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name GENOUD MARTIN Street Address (P.O. Box Number is Not Acceptable) 16660 SOUTH POST RD. #103 City WESTON FL Zip Code 33331		

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
SIGNATURE  DATE **3/28/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD. GENOUD, MARTIN 16660 SOUTH POST RD. #103 WESTON, FL. 33331	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD. AMERICO PEREZ BERTOLDI 11 de Septiembre 8153 2º Piso B Capital Federal, Buenos Aires, ARGENTINA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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13. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **MARTIN GENOUD** DATE **3/28/2002** (954) 862-1704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)