

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 28 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000075953 (7)

1. Corporation Name

AEROCARGAS ARGENTINAS, INC.

Principal Place of Business

Mailing Address

C/O WLMC REGISTERED AGENTS, INC.
701 BRICKELL AVENUE, SUITE 2000
MIAMI FL 33131

C/O WLMC REGISTERED AGENTS, INC.
701 BRICKELL AVENUE, SUITE 2000
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

10/17/1994

2. Principal Place of Business

2a. Mailing Address

21 7941 N.W. 67 STREET

26 7941 N.W. 67 STREET

4. FEI Number

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 MIAMI, FLORIDA

28 MIAMI, FLORIDA

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33166

25 U.S.A.

29 33166

30 U.S.A.

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WLMC REGISTERED AGENTS, INC.
701 BRICKELL AVENUE
SUITE 2000
MIAMI FL 33131

81 Name

ALEJANDRO TORRES

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

7941 NW 67 ST

83

84 City

MIAMI

FL

85

Zip Code

33166

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature (Type or print name of registered agent and file if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

04-25-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
PSTD
CASTILLO, JOSE L
MORENO 490 1 PISO
1091 BUENOS AIRES, ARGENTINA

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP
V
ALEJANDRO TORRES
MORENO 490 7941 N.W. 67 STREET
MIAMI, FL 33166
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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

14. I do hereby certify that the information supplied with this report is true and accurate and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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 owner or duly empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if change of or new additions with addresses.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALEJANDRO TORRES

04-25-95

305-593-9200