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Mar 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P94000075953 (7)**

1. Corporation Name
AEROCARGAS ARGENTINAS, INC.

Principal Place of Business

**7941 N.W. 67 STREET
MIAMI FL 33166
US**

Mailing Address

**7941 N.W. 67 STREET
MIAMI FL 33166-2632
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/17/1994	3a. Date of Last Report 05/01/1996
21. State, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. State, Apt. #, etc.	26. City & State
27. Zip	28. Country	29. Zip	30. Country	4. FEI Number 65-0536915	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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No					
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**JOSE R. ALVAREZ
4520 sw 112 ave.
Miami, Fl. 33165**

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD	☐ DELETE
NAME	CASTILLO, JOSE L	
STREET ADDRESS	MORENO 490 1 PISO	
CITY-ST-ZIP	1091 BUENOS AIRES, ARGENTINA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice Pre	☐ DELETE
NAME	Jose R. Alvarez	
STREET ADDRESS	4520 S.W. 112 Ave.	
CITY-ST-ZIP	Miami FL 33165	
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	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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 included 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TITLE OF REGISTERED AGENT OR DIRECTOR

3/24/97

(305) 593 9200

Date

Daytime Phone #

CR2E034 (9/96)