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

**PROFIT** 



FLORIDA DEPARTMENT OF STATE

annual re	CORPORATION Sandra B Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS					
DOCUMEN 1. Corporation Name	⊤# <b>P950</b> 0	00008001	(6)			
ARGENTINE 1	TANGO PRODUCTI	ONS, INC.				
Frincipal Place of Business Mailing Address					[ 166 (00) (10 (010) Balli Balli 66)() 00()	- OBEN BANK BAND HEARS OREN BANDN HAGE HARN
8945 S.W. 21ST TERRACE 8945 S.W. 21ST TERRACE						
MIAMI FL 33165-8248 6781 5W 54 50 6781 5W 54 50			545	7	Date Incorporated or Qualified	3a. Date of Last Report
Miami Fl	33185	Mami &	Miami FL 33185		01/31/1995	
Principal Place of Bu     1		2a. Mailing Address	2a. Mailing Address		4. FEI Number 65-65-955329	
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22   City & State		City & State		Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees	
Zη+ Country		Zip	Zip Country		8. This corporation has liability for	
24	25 29 30 Name and Address of Current Registered Agent			Florida Statutes Yes No  10. Name and Address of New Registered Agent		
GIRALDO, JOR	or u	21 SW 5450 am; FC 33155		81 Name 82 Street Add	ress (P.O. Box Number is Not Accepta	ble)
MIAMI FL 3326	\$5-8248 <i>1777</i>	ami FC 33158	n/ 1/2 33/55 84 City			FL 85 Zip Code
				<u> </u>	to the this statement for the pu	repose of changing its registered office
or registered agen familiar with, and a	accept the obligations of, \$	Section 607.0505, Florida Sta	itutes	ove-named corpo corporation's boa		urpose of changing its registered office pointment as registered agent. I am
Sypatian	typed or printed name of registeres	a just and title if applicable AND DIRECTORS	(NOTE Registere	o Agent signature requir	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
12.	2051041T	DELETE		TITLE		☐ Change ☐ Addition
Lune 7	DGE N C	inulde	1.23	NAME		
STREET ADDRESS	781 SW 54	577	13	STREET ADDRESS		
CITY-SE ZIF	riani A	· 33155 - 23	141	C-TY-ST-ZIP		☐ Change ☐ Addition
THLE		☐ DELET		TITLE		
NAME				NAME ARMETT ADDRESS		
STREET ACORESS				STREET ADDRESS		
CHY ST-ZIF		DFLET		CITY-ST-ZIP TITLE		☐ Change ☐ Addition
1:111		□ M(C)	1	NAME		
NAME .				STREET ADDRESS		
STEELT ADDRESS			1 "			

STREET ADDRESS 14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 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 if changed, or on an attachment with an address.

3 4 CITY - ST-ZIP

4.3 STREET ADDRESS

53 STREET ADDRESS

6.3 STREET ADDRESS

5.4 DITY-ST-ZIP

4.4 C:TY - ST-2IP

4.1 TITLE

4 2 NAME

5 1 TITLE

52 NAME

6 1 TITLE

6.2 NAME

SIGNATURE:

CITY-S1-ZIF

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STREET ADDRESS

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Change

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