FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000078851 (8)

BUENOS AIRES LAW, INC.

97 JUN 20 AM 7: 64

SECKE LARY OF STATE TALLAHASSEE FLORIDA



Principal Place of Business Mailing Address								1 18611861 116		TOLL TOLL	##III I ## #I	FB(B1 Y)	
299 ALHAMBRI CORAL GABLE	IAMBRA CIR., STE 311 GABLES FL 33134-5115												
COUNT OWNER													
•								Date Incorp 09/23/19	oorated or Qu 96	alified	3a. D.	ate of Last F	Report
2. Principal F	Place of Business	2a. Mailin	2a. Mailing Address					FEI Numbe	r		 	A	pplied For
21		26	26					65-0723484 Not Applie					ot Applicable
Sulte, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional					Additional
22 -		27						Cermicale	JI Status Des	ir o u		Fee R	equired
City & Stat	80	City &	City & State					6. Election Campaign Financing\$5.00 May Be					
23		28						Trust Fund Contribution Added to Fees					
Zip	Country	Zip		Cou	ntry			•	ation has liab				s. 199.032,
24	25	29		30	<u>)</u>			Florida Statutes Yos No 10. Name and Address of New Registered Agent					
	9. Name and Address of Curre	int Registered	Agent		81	N	10.	Name and	Address of	New He	gisterea	Agent	
	JECO, JORGE O				61	Name							
200 ALHAMBRA CIR., STE 311					82	Street	et Address (P.O. Box Number is Not Acceptable)						
COF	RAL GABLES FL 33134				B3								
				-	84	City						85 Zip	Code
											<u>FL</u>	• · · · ·	
office or	to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the obli	e of Florida, Suc	ch change was	authorized	ibv	the corr	corporation poration's b	n submits the loard of dire	is statement ctors. I hereb	for the p by accep	ourpose o of the app	of changing pointment as	its registered s registered
SIGNATURE													
-10	Signature, typed or printed name of registered a	gent and title if applica	<u>. </u>	16: Registered	Ago	ni signature	required when		CHANGES TI) OFFIC	DATE PAG ANI	D.C.BECTO	RS IN 12
12. TITLE	T	4D DINECTORS	DELETÉ	1,1 10	T F		P/S/1	r L	CHANGES II	JOFFIC	LING AIN	Change	
NAME	P/S/T		_	1.2 NA					Chueco				7 7
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	Coral Gables, F.	LUIE #3. 1 22124	тŤ	1.4 01			Coral	l Gabl	les, F	1 33	134		
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STREET ADDRESS				1		ADDRESS							
CITY-ST-ZIP				6.4 CF	1Y-S	1-712	L		(A)(1) E() [-12 14	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes for on an attachment with an address. O. CHUECA