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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000015456

1. Corporation Name

ARGENTINA INVESTMENT CORP

Principal Place of Busine							
3922	SW	92ND	A۷	E			

Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90037 017 ***150.00



Principal Place	of Business	Mailing Address							
3922 SW 92ND	AVE	3922 SW 92ND AVE							
MIAMI FL 33165		MIAMI FL 33165				DO NOT WRITE IN THIS SPACE			
					1	3. Date Incorporated or Qualifed	IE IN INIS		
					J	•			J
		T				02/14/1997 4. FEI Number			-1:1
Principal Place of Business 2a. Mailing Address						**		<u> </u>	olied For
21 9943SW 142 AVE 26						65-0728482			Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired		\$8.75 A	
22		27	. 			- 1		- Fee Red	
City & State		City & State			6. Election Campaign Financing		\$5.00 (, ,	
23 MIAMI FL		28			Trust Fund Contribution		Added to	Fees	
24 23)	Or Country	Zip	Countr	У		8. This corporation owes the curr			
24 コラ\	86 25 U.S.A	29 30)			Personal Property Tax.			□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New I	Registered A	gent	
•			8	1 Nar	me				İ
	ZIANO, MARIO_		8:	2 Stre	eet Address	s (P.O. Box Number is Not Accepta	able)		
3922	SW 92ND AVE		"			W 14ST	,		
MIAN	/II FL 33165		8:	3					
			 -	1				Tabl 3: 6	
			8-	4 City	HAIH	ul.	FL	85 Zip C	ร์ตัน I
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abo	ve-nam	ned corners	tion submits this statement for the	purpose of o	hanging its	registered
office or re	egistered agent, or both, in the State on familiar with, and accept the obligation	i Florida. Such change was auth	iorized b	y tne c	corporation's	s board of directors. I hereby acce	ot the appoin	tment as reg	gistered
SIGNATURE							DATE		
	Signature, typed or printed name of registered agent		13.	ent signat	ture required wh	ADDITIONS/CHANGES TO OF		DIRECTO	RS IN 12
12.	OFFICERS AND	DELETE	1.1 TITLE		-	ABBITIONS/CHANGES TO OF	TICENS AND	Change	Addition
TITLE	P	DELETE							
NAME	MARID GRAZIANO		1.2 NAMÉ						Ļ
STREET ADDRESS	10381 SW 14 STREET			ET ADDRE	ESS .				ł
CITY-ST-ZIP	MIAMI FL 33174		1.4 CITY-						- Addition
TITLE	\$	☐ DÉLETE	2.1 TITLE					Change	Addition
NAME	Mario Graziano		2.2 NAME						
STREET ADDRESS	10381 SW 14 STREET		2.3 STRE	ET ADDRE	ESS				
, CITY-ST-ZIP	MIAMI FL 33174	e i un minera i	2. 4 CITY	-ST-ZIP_			ــ-ميدرـــ		
TITLE		☐ DELETE	3.1 TITLE					☐ Change	☐ Addition
NAME			3.2 NAME	Ē					Ì
STREET ADDRESS			3.3 STRE	ET ADDRI	ESS				
CITY-ST-ZIP			3.4. CITY						ţ
TITLE		☐ DELETE	4.1 TITLE		<u> </u>			☐ Change	Addition
NAME		_	4.2 NAM						1
STREET ADDRESS				ET ADDRI	RESS				
}			4.4 CITY-						}
CITY-ST-ZIP		☐ DELETE	5.1 TITLE					Change	Addition
TITLE			5.1 TITLE		1				
NAME			5.3 STRE		PESS				
STREET ADDRESS			1						
CITY-ST-ZIP		Carre	5.4 CITY- 6.1 TITLE					Change	Addition
TITLE		☐ DELETE	1					☐ Change	☐ Muningu
NAME			6.2 NAME	_					į
STREET ADDRESS	•		6.3 STRE	ET ADDRI	ESS]

14. I hereby certify that the information supplied with this filling 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 supplementar 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 of 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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP