

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000042701 (7)			
1. Corporation Name MALVINAS ARGENTINAS CORP.			
Principal Place of Business 13490 SW 99 TERRACE MIAMI FL 33186		Mailing Address 13490 SW 99 TERRACE MIAMI FL 33186	
2. Principal Place of Business 21 3101 SW 107 AV. Suite, Apt. #, etc. 22 City & State 23 MIAMI, FL Zip 24 33165 Country 25 USA		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
9. Name and Address of Current Registered Agent URBANDT, BERNARDO PABLO 9025 SW 150 AVE MIAMI FL 33196		10. Name and Address of New Registered Agent 81 Name MARIA F. RUIZ 82 Street Address (P.O. Box Number is Not Acceptable) 14263 SW 183 ST. 83 84 City MIAMI FL 85 Zip Code 33177	
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 MARIA F. RUIZ DATE 4-16-98 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE DPT NAME URBANDT, NELLY SARA STREET ADDRESS 13490 SW 99 TERRACE CITY-ST-ZIP MIAMI FL 33186 TITLE DVS NAME URBANDT, BERNARDO PABLO STREET ADDRESS 13490 SW 99 TERRACE CITY-ST-ZIP MIAMI FL 33186 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PRESIDENT, Director 1.2 NAME MARIA F. RUIZ 1.3 STREET ADDRESS 14263 SW 183 ST 1.4 CITY-ST-ZIP MIAMI, FL 33177 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/14/1997	
4. FEI Number 65-0753574	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. s <input checked="" type="checkbox"/> No	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:

4-16-98 (305) 229-9666

CR2E034 (10/97)