**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

## **FILED** Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90006 050 \*\*\*150.00

DOCU	MENT # P97000	048	3286							
1. Corporation Name INTERNATIONAL CLUB OF ARGENTINE TANGO OF SOUTH F LORIDA, INC.										
Principal Place	e of Business	Ma	illing Address				T 1900) 1000 tem sifesi kelari marit adam dabut adam	I BURDE URUM HUM	INDIAC MILL HADI	
1561 71ST STREET MAMI BEACH FL 33141  1561 71ST STREET MIAMI BEACH FL 33141						DO NOT WORTH IN THIS STACE				
						- "	DO NOT WRITE IN THE	S SPACE		
							3: Date Incorporated or Qualifed 05/29/1997			
0.00	lace of Business	7 2=	Mailing Address				4. FEI Number.	- An	plied For	
	INCO OI DUZINGOS	26	William of Francisco				65-0775103	No	t Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired			
22 Ciny & State		27	City & State				8. Election Campaign Financing	\$5.00		
City & State			28				Trust Fund Contribution	Added	, i	
Zip	Country	- <del> -</del>	Zip	Cou	intry		8. This corporation owes the current year I	ntengible		
24	[25]	29		30			Personal Property Tax.	[] Yes	□No	
	9. Name and Address of Current	t Regist	tered Agent		L		10. Name and Address of New Registered	Actent		
	torn Alakineri				81	Name				
	HET, MANUEL 1 71ST STREET				82	Street Addr	ress (P.O. Box Number is Not Acceptable)	``		
	WI BEACH FL 33141				83					
					Ц	-		85 Zip (	Code	
	, ,				1 1	City	. <u>F</u> 1	∟ 1. 1 ·	)	
11. Pursuant office or re	to the provisions of Sections 607.050; egistered agent, of both, in the State	2 and 60 of Florid	07.1508, Florida Stati. a. Such change was	ites, the a	bove- d by th	named corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appear	of changing its ointroent as re	gistered gistered	
agont. ru				Oriua Stat	utes.		_/_	<i>!</i>	J	
SIGNATURE	MANUEL	MILH	I 67				- OB/10/	99		≈
SIGNATURE	Signature, Sport of pripries name of registered aven	MiCH x and title if	spplicable (NO:				d when reinstating)  ADDITIONS/CHANGES TO OFFICERS A	9.9 ND DIRECTO		(86/
SIGNATURE	MANUEL	MiCH x and title if	spplicable (NO:	E: Registere	Agent u		d when reinstailing) DATE	99		(11/98)
SIGNATURE	Signatury DAN or priority name of registered system OFFICERS AN	MiCH x and title if	representation (NO:	E: Registered	Agent (		d when reinstailing) DATE	9.9 ND DIRECTO		334 (11/98)
SIGNATURE 12.	Signature And Displace name of registered spen OFFICERS AN  MILHET, MANUEL 1561 71ST STREET	MiCH x and title if	representation (NO:	E: Registered 13. 1.1 TI 12 N 13 S	Agent I	egrature required	d when reinstailing) DATE	9.9 ND DIRECTO		2E034 (11/9B)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature And Displace name of registered spen OFFICERS AN  MILHET, MANUEL	MiCH x and title if	POPTICABLE (NO.) CTORS  DELETE	E: Registered 13. 1.1 TI 12 N 1.3 S	Agent of Age	egrature required	d when reinstailing) DATE	ND DIRECTO	RS IN 12	CR2E034 (11/98)
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14. I 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 cath; 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 them and 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

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

305-758-6545