

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 # P97000083322

1. Corporation Name

ARGENTINA INTERNATIONAL, INC.

Principal Place of Business

2300 CORAL WAY
SUITE 200
MIAMI FL 33145

Mailing Address

2300 CORAL WAY
SUITE 200
MIAMI FL 33145

2. Principal Place of Business

21 2300 CORAL WAY

Suite, Apt. #, etc.

22 SUITE # 200

City & State

23 MIAMI

FLORIDA

Zip

24 33145

25 U.S.

2a. Mailing Address

26 2300 CORAL WAY

Suite, Apt. #, etc.

27 SUITE # 200

City & State

28 MIAMI

FLORIDA

Zip

29 33145

30 U.S.

9. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES, INC.
2300 CORAL WAY STE 200
MIAMI FL 33145

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. The entity is a corporate appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of officer or director of corporation and the principal officer

AMADA CANTERA LOPEZ, PRES.

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

LEON, PERLA B

STREET ADDRESS

3787 PRAIRIE AVE

CITY-ST-ZIP

MIAMI BCH FL 33140

TITLE

STD

NAME

DOMFROCHT, LAZARO

STREET ADDRESS

3787 PRAIRIE AVE

CITY-ST-ZIP

MIAMI BCH FL 33140

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

100002862851--8

-05/05/99--01005--007

****150.00 ****150.00

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

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAZARO DOMFROCHT, SECT.

FILED
AND
FILED

99 APR 30 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1997

4. FEIN Number

65-0789749

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax

[] Yes [] No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

021749

CR2E034 (1/98)