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Secretary of State

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PROFIT CORPORATION
ANNUAL REPORT
1999

DOCUMENT # P98000037290 OK

Corporation Name



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

SOUTH AMERICAN OCEAN TEAM, INC.

Principal Place of Business
2875 NE 191 St. PH3A
Aventura, FL 33180

Mailing Address
2875 N.E. 191 St., PH3A
Aventura, FL 33180

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified <u>4/24/98</u>	
4. FEI Number <u>65-0832986</u>	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent Leonardo A. Roth Roth, Rouso & Benjamin, P.A. PH2, 9350 S. Dixie Hwy. Miami, FL 33156	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, in 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 Leonardo A. Roth DATE 2/18/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
PD	Julio Cesar Pavlicich 2875 NE 191 St., PH 3A Aventura, FL 33180	11. TITLE	
V	Luis Maria Farina 2875 NE 191 St., PH 3A Aventura, FL 33180	12. NAME	
SD	Carlos Nestor Fernandez Av. Libertad 1101, Canuelas 1814 Buenos Aires, Argentina	13. STREET ADDRESS	
TD	Elsa Beatriz Zufiaurre Florida 614, Canuelas 1814 Buenos Aires, Argentina	14. CITY-ST-ZIP	
D	Catalina S. Nilda 2875 NE 191 St., PH3A Aventura, FL 33180	15. TITLE	
D	Jorge Pavlicich 2875 NE 191 St., PH 3A Aventura, FL 33180	16. NAME	
		17. STREET ADDRESS	
		18. CITY-ST-ZIP	
		19. TITLE	
		20. NAME	
		21. STREET ADDRESS	
		22. CITY-ST-ZIP	
		23. TITLE	
		24. NAME	
		25. STREET ADDRESS	
		26. CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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 produce a report as required by Chapter 337, 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 box empowered.

SIGNATURE: Julio C. Pavlicich, Pres. 2/18/99 (305) 670-9994

CR2F034 (11/98)