

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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90067 049 ***150.00

DOCUMENT # P98000045026

1. Corporation Name

FIRST SOUTH BEACH CO.

Principal Place of Business

2371 COLLINS AVE.
SUITE B 319

MIAMI BEACH, FL 33139

Mailing Address

2371 COLLINS AVE.
SUITE B 319

MIAMI BEACH, FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1998

4. FEI Number

65-0852134

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

2. Principal Place of Business

21 5600 COLLINS AVE.

Suite, Apt. #, etc.

22 SUITE # 6 K

City & State

23 MIAMI BEACH FLORIDA

Zip

24 33140

Country

25 USA

2a. Mailing Address

26 5600 COLLINS AVE.

Suite, Apt. #, etc.

27 SUITE # 6 K

City & State

28 MIAMI BEACH FLORIDA

Zip

29 33140

Country

30 USA

9. Name and Address of Current Registered Agent

BALBUDO, JORGE LUIS

2371 COLLINS AVE.

SUITE B 319

MIAMI BEACH, FL 33139

10. Name and Address of New Registered Agent

81 Name BALBUDO, JORGE LUIS

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

5600 COLLINS AVE

83 SUITE # 6 K

84 City MIAMI BEACH

FL

85 Zip Code 33140

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME OTERO, HECTOR DANIEL

STREET ADDRESS ROFFO 1655, MAR

CITY-ST-ZIP MAR DEL PLATA, ARGENTINA

TITLE SD ☒ DELETE

NAME OTERO HECTOR LORENZO

STREET ADDRESS ACEVEDO 5460

CITY-ST-ZIP MAR DEL PLATA, ARGENTINA

TITLE D ☐ DELETE

NAME VACANTE, PABLO

STREET ADDRESS SANTA FE 1257

CITY-ST-ZIP MAR DEL PLATA, ARGENTINA

TITLE D ☐ DELETE

NAME FOUTEL MARIANA

STREET ADDRESS COLON 405

CITY-ST-ZIP MAR DEL PLATA, ARGENTINA

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-867-7698

CR2E034 (11/98)