


FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90336 034 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000007296

1. Entity Name
ARGENTINA INTERNATIONAL OF MIAMI, CORP.



Principal Place of Business
 136 E. FLAGLER STREET
 MIAMI, FL 33131

Mailing Address
 136 E. FLAGLER STREET
 MIAMI, FL 33131

90097217

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address *25 SE. 2AV*
 Suite, Apt. #, etc. *SUIT 410*



CHECK HERE IF MAKING CHANGES

City & State
MIAMI FL

4. FEI Number
65-0901198

Applied For
 Not Applicable

Zip
33131

Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DOMFROCHT, LAZARO
3787 PRAIRIE AVENUE
MIAMI, FL 33140

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$650.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	BEATRIZ LEON, PERLA	3787 PRAIRIE AVE.	MIAMI BEACH, FL 33140	<input type="checkbox"/>
STD	DOMFROCHT, LAZARO	3787 PRAIRIE AVE.	MIAMI BEACH, FL 33140	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]*
 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *Secret (STD)*

4-16-03
 DATE: _____ DAYTIME PHONE: *305 378 059*

CP2E034 (10/02)