


2008 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 28, 2008 8:00 am Secretary of State

02-28-2008 90009 024 ***150.00

| | | | | | |
|--|--------------------------------------|---|---|---|--|
| DOCUMENT # F05000005847 | | |  | | |
| 1. Entity Name LAN ARGENTINA S.A. INC. | | | | | |
| Principal Place of Business CALLE SUIPACHA 1111, PISO 18, BUENOS AIRES, ARGENTINA, | | | Mailing Address 6500 N.W. 22ND STREET MIAMI, FL 33122 | | |
| 2. Principal Place of Business - No P.O. Box # | | 2. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 01102008 Chg-P CR2E034 (12/06) | |
| Zip | | Country | | 4. FEI Number 98-0471967 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| EDUARDO RIQUELME, LUIS 6500 N.W. 22ND STREET MIAMI, FL 33122 | | | Name YUNIS, PABLO Street Address (P.O. Box Number is Not Acceptable) 6500 N.W. 22 Street City Miami FL Zip Code 33122 | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | |
| FILE NOW!!! FEB IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | C <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | BENITES, MANUEL M | NAME | | | |
| STREET ADDRESS | CALLE SUIPACHA 1111, PISO 18, | STREET ADDRESS | | | |
| CITY-ST-ZIP | BUENOS AIRES, ARGENTINA, | CITY-ST-ZIP | | | |
| TITLE | VC <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | PEREZ, JORGE L | NAME | | | |
| STREET ADDRESS | CALLE SUIPACHA 1111, PISO 18, | STREET ADDRESS | | | |
| CITY-ST-ZIP | BUENOS AIRES, ARGENTINA, | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | CUETO, IGNACIO | NAME | | | |
| STREET ADDRESS | CALLE SUIPACHA 1111, PISO 18, | STREET ADDRESS | | | |
| CITY-ST-ZIP | BUENOS AIRES, ARGENTINA, | CITY-ST-ZIP | | | |
| TITLE | PCEO <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | SCOKIN, DAMIAN | NAME | | | |
| STREET ADDRESS | CALLE SUIPACHA 1111, PISO 18, | STREET ADDRESS | | | |
| CITY-ST-ZIP | BUENOS AIRES, ARGENTINA, | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ | | DAMIAN SCOKIN | | 2-15-08 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |