2001 UNIFORM BUSINESS REPORT (UBR)

May 18, 2001 8:00 am § Secretary of State DOCUMENT # 752927 1. Entity Name 05-18-2001 91237 026 ****70.00 SPAIN - U.S. CHAMBER OF COMMERCE, INC. Principal Place of Business Mailing Address 2655 LE JEUNE RD 2655 LE JEUNE RD 638410 SHITE 906 SHITTE 906 CORAL GABLES FL 33134 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2043472 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) VALDES-FAULI, RAUL 200 SOUTH BISCAYNE BLVD MIAMI FL 33-1319 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. П Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition PDD TITLE Change TITLE ☐ Delete NAME NAME VALDES-FAULI, RAUL STREET ADDRESS STREET ADDRESS 200 S. BISCAYNE BLVD. 42ND FLOOR CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 VPD Change **X** Addition **VPD** Delete TITLE TITLE STENE TOSE MISS NAME Linares. Julian → NAME STREET ADDRESS STREET ADDRESS 801 BRICKELL BAY DRIVE, SUITE 463 Waru, CITY-ST-ZIP CITY-ST-ZIE MIAMI FL 33131 VPD ☐ Delete TITLE Change ☐ Addition TITLE MARTINEZ-LLUCH, GUILLERMO NAME NAME STREET ADDRESS STREET ADDRESS 801 BRICKELL AVE., SUITE 2320 CITY-ST-ZIP CITY - ST - ZIP MIAMI FL 33131 **⊠** Delete TITLE ☐ Change X Addition TITLE MARTIN, JESUS NAME HIDALGO; RAFAL NAME 2600 NW 53 rd Terrace, fult 123 STREET ADDRESS STREET ADDRESS 2655 LE JEUNE ROAD, SUITE 908 CITY-ST-7IP CITY-ST-ZIP CORAL GABLES FL 38134 Change TITLE ☐ Delete TITLE ☐ Addition NAME PASCUAL, GABRIEL NAME STREET ADDRESS STREET ADDRESS 2100 SALZEDO ST., SUITE 301-B CITY-ST-ZIP CITY-ST-7IP CORAL GABLES FL 33134 TITLE ☐ Change Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 04|24|01 (201/446-199)

CITY-ST-ZIP

12. 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

CITY-ST-ZIP