2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 25, 2005 8:00 am Secretary of State DOCUMENT-# 858300 1. Entity Name 04-25-2005 90232 019 ***158.75 CLUB MED SALES, INC. Principal Place of Business Mailing Address 75 VALENCIA AVE 75 VALENCIA AVE 46164004 12TH FLOOR CORAL GABLES FL 33134 12TH FLOOR CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 13-2556340 Not Applicable Zip Country 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 Name THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, SUITE 105 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE ☐ Delete TITLE Addition Change VANDERSLICE, JOHN NAME NAME Wiscr, Mark 75 Valencia Ave 12th Floor STREET ADDRESS 75 VALENCIA AVE 12TH FL STREET ADDRESS CITY-ST-ZIP **CORAL GABLES FL 33134** CITY-ST-7IP Coral Gables FL 33134 TITLE DCV ☐ Delete TITLE ☐ Change ☐ Addition POSTIC, ALAIN NAME NAME STREET ADDRESS 75 VALENCIA AVE., 12TH FLOOR STREET ADDRESS CORAL GABLES FL 33134 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ■ Addition NAME STEWART, ERIC NAME STREET ADDRESS 75 VALENCIA AVE STREET ADDRESS CITY-ST-7IP **MIAMI FL 33134** CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition TANENBAUM, HOWARD NAME 75 VALENCIA AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP TITLE Delete THIF ☐ Change ☐ Addition KIRSCH, EILEEN NAME 75 VALENCIA AVE 12TH FL STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33134 CITY-ST-7IP CITY-ST-ZIP SRVP TITLE ☐ Delete TITLE ☐ Change Addition HAYES, PAULA NAME NAME 75 VALENCIA AVE. STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33134 CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 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. with all other like empowered.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED