2005 LIMITED LIABILITY COMPANY

Sep 09, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L02000016853** 09-09-2005 90116 016 ****50.00 1. Entity Name TECNON CO. LLC Principal Place of Business Mailing Address 635 8TH ST., STE 203 635 8TH ST., STE 203 MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09062005 Chg-LLC CR2E083 (10/03) City & State 4. FEI Number Applied For City & State 54-2063625 Not Applicable Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEANDRO, EKMAN Street Address (P.O. Box Number is Not Acceptable) 635 8TH ST., STE 203 MIAMI BEACH, FL 33139 City Zip Code FL 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 alignature required when reinstating) DATE Filing Fee is \$50.00 Due by September 7, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MERM MGRM Change Addition ☐ Delete TITLE TITLE DUBINSKY, SERGIO MARUZIN ZBGI DUBINSKY, SERGIO NAME NAME STREET ADDRESS STREET ADDRESS MARTURIN 2361 CITY-ST-ZIP BUENOS AIRES, ARGENTINA CITY-ST-ZIP DUENOS AIRES, ARGENTINA, □ Change MGRM ☐ Delete TITLE MERM ☐ Addition TITLE DUDINSKY AL DUBINSKY, ALBERTO NAME NAME MARURIN MARTURIN 2361 STREET ADDRESS STREET ADDRESS BUENOS AIRES CITY - ST - ZIP CITY-ST-ZIP DUENOS AIRES, ARGENTINA, ☐ Delete TITLE 76 R7 Addition TITLE HANDELSHAN, HARCELA NAME NAME STREET ADDRESS HARUDIN Z BUI STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Buentos Aires ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change Addition ☐ Delete TITL F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZiP CITY-ST-ZIP

11. 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 1 further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAG

A, OR AUTHORIZED REPRESENTATIVE

FILED