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PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Apr 18 1997 8:00am

Secretary of State

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DE LA O & MARKO, P.A.

STREET ADDRESS CITY+ST-7IP

Mailing Address Principal Place of Business 2 SOUTH BISCAYNE BOULEVARD SUITE 2600 2 SOUTH BISCAYNE BOULEVARD SUITE 2600 MIAMI FL 33131-1802 MIAMI FL 33131-1802 3. Date Incorporated or Qualified 3a. Date of Last Report 05/17/1994 05/01/1996 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0492134 Not Applicable 26 \$8.75 Additional Sulte, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Country Zip Country This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MARKO, DAVID E **2 SOUTH BISCAYNE BOULEVARD** Street Address (P.O. Box Number is Not Acceptable) 82 **SUITE 2600** 83 MIAMI FL 33131-1802 B4 11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NO.1: Gog sterior Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS Change ___ Addition DELETE 11 TILLE TITLE MARKO, DAVID E 1.2 NAME NAME 2 SOUTH BISCAYNE BOULEVARD SUITE 2600 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33131-1802 CITY-ST-ZIP 1.4 CITY - ST - 7IP Addition DELETE ☐ Change 2.1 101 € TITLE DE LA O, MIGUEL M 2.2 NAMI 2 SOUTH BISCAYNE BOULEVARD SUITE 2600 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33131-1802 2.4 CHTY - \$1-70 CITY-ST-ZIP Change Addition DELFTE 3.1.1HLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 C(1Y - S1 - Z)J CITY-ST-ZIP Change Addition DELETE TITLE 4.1 Title NAME 4, 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 COLY - ST - 7/P CITY-ST-ZIP DELETE. ☐ Change Addition 5.1.1003 TITLE 5.2 NAME NAME 5.3 STRUET ADDRESS STREET ADDRESS 5.4 CBV - S1 - ZP CITY-ST-ZIP Addition ☐ Change DETETE 61 1811 TITLE 6.2 NAME NAME

14. If do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

6.3 STHEET ADDRESS