2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

JORGE AUIS DEL

Mar 06, 2001 8:00 am DOCUMENT # P95000096763 Secretary of State 1. Entity Name BIONNE, INC. 03-06-2001 90010 024 ***150.00 Mailing Address Principal Place of Business 100 SE 2ND STREET 100 SE 2ND STREET STE 4000 STE 4000 MIAMI FL 33131 MIAMI FL 33131 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0682038 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DEL VALLE, IGNACIO G Street Address (P.O. Box Number is Not Acceptable) 100 SE 2ND STREET SUITE 4000 MIAMI FL 33131 Zip Code City 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS ☐ Addition Change D/P ☐ Detete TITLE TITLE DEL ROSAL, JORGE L NAME NAME STREET ADDRESS STREET ADDRESS 100 SE 2ND STREET, STE 4000 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Change ☐ Addition TITLE ☐ Delete TITLE DEL ROSAL, ZOILA C NAME NAME 100SE 2ND STREET STE 4000 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAM) FL 33131 ☐ Change ☐ Addition Delete TITLE TITLE DEL ROSAL, JORGE JR NAME NAME STREET ADDRESS STREET ADDRESS 100 SE 2ND STREET, STE 4000 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 Change Addition Delete TITLE TITLE DEL ROSAL CABRERA, VIRGINIA NAME NAME STREET ADDRESS 100 SE 2ND STREET STE 4000 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 Change ☐ Addition ☐ Delete TITLE DEL ROSAL WILSON, ELENA NAME NAME STREET ADDRESS 100 SE 2ND STREET, STE 4000 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP oes not dualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information courate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if it is provided by the same that the provided by the same that the same transfer is the same transfer of the same transfer in Block 11 or Block 12 if it is provided by the same transfer in Block 11 or Block 12 if it is provided by the same transfer in Block 11 or Block 12 if it is provided by the same transfer in Block 11 or Block 12 if it is provided by the same transfer in Block 11 or Block 12 if it is provided by the same transfer in Block 11 or Block 12 if it is provided by the same transfer in Block 11 or Block 12 if it is provided by the same transfer in Block 12 if it is provided by the same transfer i 13. I hereby certify that the information supplied with this filing indicated on this report or supplemental report is true and indicated on this report or supplemental **y** of the corporation or the receiver or trus changed, or on an attachment with an

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