CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAR 30 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M31978

1. Corporation Name

ALBEN THREE CORPORATION

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: May 13, 1986
3a. Date of Last Report: April 29, 1994

2. Principal Place of Business
21: 18750 NW 2nd Avenue
22: Suite, Apt. #, etc.
23: City & State: Miami, Florida
24: Zip: 33169
25: Country: U.S.A.

2a. Mailing Address
26: P.O. Box 5276
27: Suite, Apt. #, etc.
28: City & State: Coral Gables, FL
29: Zip: 33114
30: Country: U.S.A.

4. FEI Number: 59-2689034 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name: Jan K. Seiden, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 2250 SW Third Avenue,
83: Fifth Floor
84 City: Miami FL 85 Zip Code: 33129

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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: Jan K. Seiden DATE: March 16, 1995
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) JAN K. SEIDEN

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/T/D/ PEDRO L. ALBERNI	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	ALVARO M. CABRERA 1332 Asturia Avenue Coral Gables, FL 33134 — P/T/D — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V-P/S/D/ ALFREDO M. CARBONNELL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	JACQUELINE M. CABRERA 1332 Asturia Avenue Coral Gables, FL 33134 — V-P/S/D/ — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition 500001444545 -03/31/95--01019--003 ****208.75 ****208.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: Alvaro M. Cabrera, President
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR
ALVARO M. CABRERA, President/Treasurer/Director

DATE: March 16, 1995 (305) 444-8115
Daytime Phone Number