2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 06, 2001 8:00 am Secretary of State DOCUMENT # P96000027756 1. Entity Name ALICAN, INC. 03-06-2001 90360 043 ***150.00 Mailing Address Principal Place of Business 340 ROYAL POINCIANA WAY 340 ROYAL POINCIANA WAY STE 316 ~ U U I T STE 316 PALM BEACH FL 33480-4020 PALM BEACH FL 33480-4020 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0712911 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TARR, WILLIAM I ESQ Street Address (P.O. Box Number is Not Acceptable) 340 ROYAL POINCIANA WAY STE 316 PALM BEACH FL 33480 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete VΡ TITLE FANJUL, CATHERINE NAME NAME Fanjul, Catherine 340 ROYAL POINCIANA WAY STREET ADDRESS STREET ADDRESS β40 Royal Poinciana Way, STE 316 CITY-ST-ZIP PALM BCH FL 33480 CITY-ST-7IP Բթվա-Beach, FL 33480 X Change TITLE ☐ Delete TITLE FANJUL, ANDRES B NAME Fanjul, Andres NAME 340 ROYAL POINCIANA WAY STE 316 STREET ADDRESS 340 Royal Poinciana Way, STE 316 STREET ADDRESS CITY-ST-ZIP Palm Beach, FL 33480 PALM BEACH FL 33480 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Oelete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete 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

13. 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 texecute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if changed, or on an attact

Andres B.

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SIGNATURE:

Secretary SIGNATURE AND TYPED OF NITED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/01 561-655-6303

Daytime Phone #