2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000062679

Entity Name: TIVOLI-CRIS1 INC.

Current Principal Place of Business:

1000 BRICKELL AVENUE SUITE # 400 MIAMI, FL 33131

Current Mailing Address:

1000 BRICKELL AVENUE SUITE # 400 MIAMI, FL 33131 US

FEI Number: 27-4033540

Name and Address of Current Registered Agent:

CORPORATE MAINTENANCE SERVICES 1000 BRICKELL AVENUE SUITE # 400 MIAMI, FL 33131 US

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 | E: NICOLAS STANHAM | | | 04/13/2023 |
|---------------------------|--|-----------------|-------------------------------------|------------|
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Director Detail : | | | | |
| Title | PD | Title | VPD | |
| Name | MAILHOS, MARIA CRISTINA | Name | MORIXE MAILHOS, IGNACIO | |
| Address | 1000 BRICKELL AVENUE SUITE # 400 | Address | 1000 BRICKELL AVENUE SUITE # 400 | |
| City-State-Zip: | MIAMI FL 33131 | City-State-Zip: | MIAMI FL 33131 | |
| Title | тр | Title | SD | |
| Name | MORIXE MAILHOS, FEDERICO | Name | MORIXE MAILHOS, JOAQUIN | |
| Address | 1000 BRICKELL AVENUE SUITE # 400 | Address | 1000 BRICKELL AVENUE SUITE # 400 | |
| City-State-Zip: | MIAMI FL 33131 | City-State-Zip: | MIAMI FL 33131 | |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MAILHOS, MARIA CRISTINA

PD, CMS AUTH REP

04/13/2023

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date