| MIAMI, FL 33 | 131 | | |
|--|--|----------------------------|--|
| Current Ma | iling Address: | | |
| 1111 BRICK MIAMI, FL | ELL AVENUE 11TH FLOOR 33131 | | |
| FEI Numbe | r: 90-0819860 | | Certificate of Status Desired: No |
| Name and A | Address of Current Registered Agent: | | |
| | MPANY PLLC | | |
| | GOON DRIVE SUITE 200 26 US | | |
| 6303 BLUE LA MIAMI, FL 331 | | registered office or regis | tered agent, or both, in the State of Florida. |
| 6303 BLUE LA MIAMI, FL 331 The above name | 26 US | registered office or regis | tered agent, or both, in the State of Florida. 03/10/2016 |
| 6303 BLUE LA MIAMI, FL 331 The above name | 26 US d entity submits this statement for the purpose of changing its | registered office or regis | |
| 6303 BLUE LA MIAMI, FL 331 The above name SIGNATURI | 26 US d entity submits this statement for the purpose of changing its E: MANUEL M GARCIA CPA | registered office or regis | 03/10/2016 |
| 6303 BLUE LA MIAMI, FL 331 The above name SIGNATURI | 26 US d entity submits this statement for the purpose of changing its E: MANUEL M GARCIA CPA Electronic Signature of Registered Agent | registered office or regis | 03/10/2016 |
| 6303 BLUE LA MIAMI, FL 331 The above name SIGNATURI Authorized | 26 US d entity submits this statement for the purpose of changing its E: MANUEL M GARCIA CPA Electronic Signature of Registered Agent Person(s) Detail : | | 03/10/2016 Date |
| 6303 BLUE LA MIAMI, FL 331 <i>The above name</i> SIGNATURI Authorized Title | 26 US d entity submits this statement for the purpose of changing its E: MANUEL M GARCIA CPA Electronic Signature of Registered Agent Person(s) Detail : MGRM | Title | 03/10/2016 Date |

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: NFOQUE LATAM EXECUTIVE SEARCH LLC

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AYASTUY, DAVID

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

03/10/2016 Date

FILED Mar 10, 2016 Secretary of State CC7492166769

DOCUMENT# L12000049369

Current Principal Place of Business: 1111 BRICKELL AVENUE 11TH FLOOR