| FEI Number | : 65-0849458 | | Certificate of Status Desired: No | |
|-----------------|-----------------------------------------------------------------|----------------------------|------------------------------------------------|--|
| Name and A | Address of Current Registered Agent: | | | |
| 1528 PALERMO | R., NICOLAS J. D'AVENUE S, FL 33134-6260 US | | | |
| The above name | d entity submits this statement for the purpose of changing its | registered office or regis | tered agent, or both, in the State of Florida. | |
| SIGNATURE | E: NICOLAS J. GUTIERREZ, JR. | | 04/18/2 | |
| | Electronic Signature of Registered Agent | | Date | |
| Authorized | Person(s) Detail : | | | |
| Title | MGR | Title | MGR, CHAIRMAN | |
| Name | PEDROSO, VICTOR M. JR. | Name | ARGUELLES, FERNANDO J. JR. | |
| Address | 1408 BRICKELL BAY DR. APT.1407 | Address | 4728 S.W. 67TH AVENUE APT. J-3 | |
| City-State-Zip: | MIAMI FL 33131 | City-State-Zip: | MIAMI FL 33155 | |
| Title | MGR | Title | MGR | |
| Name | SANCHEZ, ALFREDO J. | Name | FANJUL, CRISTINA | |
| Address | 112 BLOOMFIELD | Address | 1161 NORTH LAKE WORTH | |
| City-State-Zip: | WEST PALM BEACH FL 33405 | City-State-Zip: | PALM BEACH FL 33480 | |
| Title | MGR | Title | S | |
| Name | VIAMONTES, JOSÉ A. | Name | GUTIERREZ, NICOLAS J. JR. | |
| Address | 1100 WEST WEATHERBEE ROAD | Address | 1528 PALERMO AVE. | |
| City-State-Zip: | FT. PIERCE FL 34982 | City-State-Zip: | CORAL GABLES FL 33134 | |
| Title | MANAGER | Title | MANAGER | |
| Name | LATOUR, JORGE A. | Name | DÍAZ-CRUZ, MARGARET | |
| Address | 2332 VERO BEACH AVENUE | Address | 400 EAST 89TH STREET SUITE #16K | |
| City-State-Zip: | VERO BEACH FL 32960 | City-State-Zip: | NEW YORK CITY NY 10128 | |
| | | Continues of | on page 2 | |

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: NICOLAS J. GUTIERREZ, JR.

SECRETARY

04/18/2022

2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L9600000275

Entity Name: CENTRAL SANTA LUCIA, L.C.

Current Principal Place of Business:

1528 PALERMO AVENUE CORAL GABLES, FL 33134-6260

Current Mailing Address:

1528 PALERMO AVENUE CORAL GABLES. FL 33134-6260 US

FFI Number: 65-0849458

N

| SIGNATURE: | NICOLAS J. GUTIERREZ, JR. | | 04/18/2022 |
|---------------|------------------------------------------|--|------------|
| | Electronic Signature of Registered Agent | | Date |
| Authorized Pe | erson(s) Detail : | | |
| | | | |

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 18, 2022 Secretary of State 5219095078CC

ertificate of Status Desired: No

Authorized Person(s) Detail Continued :

| Title | MANAGER | |
|-----------------|------------------------------|--|
| Name | SÁNCHEZ , RAFAEL L. | |
| Address | 8918 NORTHWEST 194TH TERRACE | |
| City-State-Zip: | MIAMI FL 33018 | |