SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
95 JUL 21 PM 12: 19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 445035 (9)

1. Corporation Name
PIPE LAND CORPORATION

Principal Place of Business	Mailing Address
1110 BRICKELL AVE S313 MIAMI FL 33131 US	1110 BRICKELL AVE 313 MIAMI FL 33131 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/17/1974
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1507777 — 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

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc. Suite 313	27 Suite, Apt. #, etc. Suite 313
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BYRD, WADE R. 340 ROYAL PALM WAY PALM BEACH FL 33480	81 Name: Ignacio G. del Valle 82 Street Address (P.O. Box Number is Not Acceptable): 2333 Ponce de Leon Boulevard 83 Suite 650 84 City: Coral Gables 85 FL Zip Code 33134

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: Ignacio G. del Valle — DATE: 7/17/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	V	1 1 TITLE	P/D ☒ Change ☐ Addition
NAME	DURAN, ONDINA P	1 2 NAME	Freyro, Fabio O.
STREET ADDRESS	110 BRICKELL AVENUE #313	1 3 STREET ADDRESS	1110 Brickell Ave., #313
CITY-ST-ZIP	MIAMI FL	1 4 CITY-ST-ZIP	Miami, FL 33131
TITLE	S	2 1 TITLE	S ☒ Change ☐ Addition
NAME	BYRD, WADE R	2 2 NAME	Del Valle, Ignacio G.
STREET ADDRESS	340 ROYAL PALM WAY	2 3 STREET ADDRESS	2333 Ponce de Leon Blvd., #650
CITY-ST-ZIP	PALM BEACH FL	2 4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	T	3 1 TITLE	T/VP ☒ Change ☐ Addition
NAME	PEREZ-STABLE, ALBERTO	3 2 NAME	De Armas, Alicia
STREET ADDRESS	316 ROYAL POINCIANA PLAZ	3 3 STREET ADDRESS	1110 Brickell Ave., #313
CITY-ST-ZIP	PALM BEACH FL	3 4 CITY-ST-ZIP	Miami, FL 33131
TITLE	D	4 1 TITLE	☐ Change ☐ Addition
NAME	MARTI, MANUEL	4 2 NAME	
STREET ADDRESS	110 BRICKELL AVENUE #313	4 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	AsstS/VP ☐ Change ☒ Addition
NAME		5 2 NAME	Guerrero, Clara E.
STREET ADDRESS		5 3 STREET ADDRESS	1110 Brickell Ave., #313
CITY-ST-ZIP		5 4 CITY-ST-ZIP	Miami, FL 33131
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

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)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: Alicia de Armas — June 20, '95 — 305/372-1711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Alicia de Armas, Vice President

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