FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # 445035 (9)

1. Corporation Name
PIPE LAND CORPORATION

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 01/17/1974
3a. Date of Last Report: 07/21/1995
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

9. **Name and Address of Current Registered Agent**

VALLE, IGACIO G.
2333 POONCE DE LEON BOULEVARD
SUITE 650
CORAL GABLES FL 33134

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	FREYRO, FABIO O.	
STREET ADDRESS	110 BRICKELL AVENUE #313	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	☐ DELETE
NAME	DEL VALLE, INGNACIO G.	
STREET ADDRESS	2333 PONCE DE LEON BLVD., #650	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	TVP	☐ DELETE
NAME	DE ARMAS, ALICIA	
STREET ADDRESS	1110 BRICKELL AVENUE, SUITE 313	
CITY-ST-ZIP	MIAMI FL	
TITLE	~~D~~	☒ DELETE
NAME	~~MARTI, MANUEL~~	
STREET ADDRESS	~~110 BRICKELL AVENUE #313~~	
CITY-ST-ZIP	~~MIAMI FL~~	
TITLE	ASVP	☐ DELETE
NAME	GUERRERO, CLARA E.	
STREET ADDRESS	1110 BRICKELL AVENUE, SUITE 313	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: Ygnacio Guillen Secretary 2/22/96 305 443-9740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #