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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 523175

1. Corporation Name

PUMA, INC.

Principal Place of Business	Mailing Address
8390 West Flagler Street Suite 208, P.O. Box 650249 Miami, FL 33144	8390 West Flagler Street Ste. 208, P.O. Box 650249 Miami, FL 33144

3. Date Incorporated or Qualified: 1/19/1977
3a. Date of Last Report: 4/21/1995

2. Principal Place of Business
21 175 Fontainebleau Blvd.
Suite, Apt. #, etc.
22 2-E
City & State
23 Miami, FL
Zip
24 33172
Country
25 USA

2a. Mailing Address
26 175 Fontainebleau Blvd.
Suite, Apt. #, etc.
27 2-E
City & State
28 Miami, FL
Zip
29 33172
Country
30 USA

4. FEI Number: 59-1801722 ☐ 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

SENDRA, JOSE A.
8390 West Flagler Street Suite 208
Miami, FL 33172

10. Name and Address of New Registered Agent

81 Name: SENDRA, JOSE A.
82 Street Address (P.O. Box Number is Not Acceptable): 175 Fontainebleau Blvd.
83 Ste. 2-E
84 City: Miami FL 85 Zip Code: 33172

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: J. Sendra 6/11/96
(Signature of registered agent and title if applicable) (NOTE: Registered Agent's signature required when not adding) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD Ghelardi, Marcello 2 S. Biscayne Blvd. #3400 Miami, FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS Valdes-Fauli, Raul E. 2 S. Biscayne Blvd. #3400 Miami, FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 200001874252 -06/25/96--01005--046 ***200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 700001874247 -06/25/96--01005--045 ***25.00

CR2E034 (12/95)

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: [signature] 6/11/96 305 376 6097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #