FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 21, 2002 8:00 am Secretary of State 841677 **DOCUMENT #** 1. Entity Name BIC MANAGEMENT CORP. 02-21-2002 90034 044 ***150.00 Principal Place of Business Mailing Address C/O GERMAN RODRIGUEZ C/O GERMAN RODRIGUEZ 641 FIFTH AVE PH3 641 FIFTH AVE PH3 NEW YORK NY 10022 NEW YORK NY 10022 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 13-2851982 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STROOCK & STROOCK & LAVAN LLP Street Address (P.O. Box Number is Not Acceptable) % DAVID C. POLLACK, ESQ. 200 S. BISCAYNE BLVD., SUITE 3300 MIAMI FL 33131-2385 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE TITLE ☐ Delete TORRES, MANUEL NAME NAME 641 FIFTH AVENUE PH3 STREET ADDRESS STREET ADDRESS NEW YORK NY 10022 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE GORRONDONA, JR JJG NAME NAME STREET ADDRESS 641 FIFTH AVENUE PH3 STREET ADDRESS **NEW YORK NY 10022** CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE RODRIGUEZ, GERMAN NAME NAME 641 FIFTH AVENUE PH3 STREET ADDRESS STREET ADDRESS NEW YORK NY 10022 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2/4/02

212-980-9870

Daytime Phone #