

F05000006999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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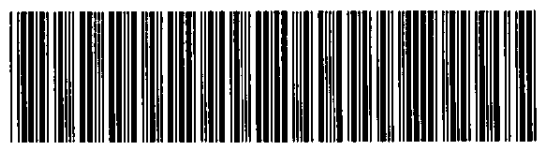
(Business Entity Name)

(Document Number)

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Amend/Affidavit  
Changing  
@ 2/7/13 O/D



**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NOSTRUM HISPANIC, INC.  
Name of Corporation

**DOCUMENT NUMBER:** F05000006999

The enclosed *Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s)* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHARON MASON  
Name of Contact Person

MCCARTER & ENGLISH LLP  
Firm/Company

185 ASYLUM STREET  
Address

HARTFORD, CT 06103  
City/State and Zip Code

SMASON@MCCARTER.COM  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

SHARON MASON at ( 860 ) 275-6743  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for the following amount:

- \$35.00 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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**AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S)  
AND/OR DIRECTOR(S)**

1. The name of the foreign corporation as it appears on the records of the Florida Department of State is:  
NOSTRUM HISPANIC, INC.
2. This entity was authorized to transact business in Florida on 12/02/2005 and its Florida document number is F05000006999
3. This corporation was formed under the laws of DELAWARE
4. The name and address of each officer and/or director is as follows:

<u>Title:</u>	<u>Name and Address</u>
<u>PD</u>	<u>JUAN DE ANDRES-GAYON WOLFF</u> <u>2871 OAK AVENUE</u> <u>COCONUT GROVE, FL 33133</u>
<u>CS</u>	<u>JUAN DE ANDRES-GAYON WOLFF</u> <u>2871 OAK AVENUE</u> <u>COCONUT GROVE, FL 33133</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

(Attach additional pages if necessary)

Signature of an officer or director

PRESIDENT  
Title of person signing

JUAN DE ANDRES-GAYON WOLFF  
Typed or printed name of person signing  
CR2E127 (10/11)

**FILING FEE \$35**  
Make checks payable to Florida Department of State and Mail to:  
Division of Corporations • PO Box 6327 • Tallahassee, FL 32314