

FILED

Feb 19 1997 8:00am  
Secretary of State

|                                                       |                                                                                   |                                                                                                           |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # F96000001966 (8)

1. Corporation Name  
**BDD CAPITAL INTERNATIONAL CORP.**

|                                     |                                          |
|-------------------------------------|------------------------------------------|
| Principal Place of Business         | Mailing Address                          |
| 777 BRICKELL AVE.<br>MIAMI FL 33131 | 777 BRICKELL AVE.<br>MIAMI FL 33131-2808 |

|                                                        |                                |
|--------------------------------------------------------|--------------------------------|
| <b>3. Date Incorporated or Qualified</b><br>04/22/1996 | <b>3a. Date of Last Report</b> |
|--------------------------------------------------------|--------------------------------|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
|--------------------------------|---------------------|

|               |                |
|---------------|----------------|
| 4. FEI Number | Applied For    |
| 65-0634942    | Not Applicable |

|    |                     |    |                     |
|----|---------------------|----|---------------------|
| 21 | Suite, Apt. #, etc. | 22 | Suite, Apt. #, etc. |
|----|---------------------|----|---------------------|

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

|              |            |              |            |
|--------------|------------|--------------|------------|
| 22           | Suite 1150 | 27           | Suite 1150 |
| City & State |            | City & State |            |

8. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

23 28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

|               |         |     |         |
|---------------|---------|-----|---------|
| Zip           | Country | Zip | Country |
| 24 33131-2809 | 25      | 29  | 30      |

|                                                 |                                              |
|-------------------------------------------------|----------------------------------------------|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|-------------------------------------------------|----------------------------------------------|

|                                                                                                                  |                                                              |    |                    |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----|--------------------|
| <b>UNITED CORPORATE SERVICES, INC.</b><br><b>801 NE 167TH ST., STE. 300</b><br><b>NORTH MIAMI BEACH FL 33162</b> | <b>81</b> Name                                               |    |                    |
|                                                                                                                  | <b>82</b> Street Address (P.O. Box Number is Not Acceptable) |    |                    |
|                                                                                                                  | <b>83</b>                                                    |    |                    |
|                                                                                                                  | <b>84</b> City                                               | FL | <b>85</b> 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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                         |                                                                                                               | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12              |                                                                                                                                                                         |
|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | CS<br>HOWELL, LAWRENCE D<br>777 BRICKELL AVE.<br>MIAMI FL 33131<br><input checked="" type="checkbox"/> DELETE | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP | DS<br>Howell, Lawrence D.<br>Miami, Florida 33131<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>COUNI, JEAN P<br>777 BRICKELL AVE.<br>MIAMI FL 33131<br><input type="checkbox"/> DELETE                  | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | OPT<br>MCCLUSKEY, MARK A<br>777 BRICKELL AVE.<br>MIAMI FL 33131<br><input type="checkbox"/> DELETE            | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> DELETE                                                                               | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP | C<br>Alvarez, Marcelo A.<br>777 Brickell Avenue, Suite 1150<br>Miami, Florida <del>33131</del><br><input type="checkbox"/> Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> DELETE                                                                               | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP | DVC<br>Echevarria, Victor M.<br>777 Brickell Avenue, Suite 1150<br>Miami, Florida <del>33131</del><br><input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> DELETE                                                                               | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |

14. I do 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 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, contained on an attachment with an address.

**SIGNATURE:**

**John J. Bucko**  
SIGNING OFFICER OR DIRECTOR

February 11

~~305-530-3160~~

CR2E034 (9/96)