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| | IFORM BUSIN | | OKI (UE | or) | | | FILED |
|---|--|---|---------------------|--|---|--|---|
| DOCUME 1. Entity Name | NT# F980000 | 02609 | | | N | Aar 14 | 4, 2001 8:00 |
| IMA HOLDING, LT | rd., INC. | | | | | | tary of State |
| Principal Place of | Business | Mailing Address | | | | 03-14-20 | 01 90010 008 ***158.75 |
| 2151 S. LEJEUNE STE. 202 CORAL GABLES, | ROAD | 2151 S. LEJEUNE ROAD STE. 202 CORAL GABLES, FL 33134-4200 | | | | | |
| 2. Principal Place of Business 3. Mailing Address | | | s | | _ | · · · · | |
| 701 BRICKELL | AVENUÉ | 701 BRICKELL AVENUE | | | <u>-</u> | | |
| Suite, Apt. #, etc. Suite 3000 | | Suite, Apt. #, etc. Suite 3000 | | | DO NOT WRITE IN THIS SPACE | | |
| City & State Miami, Florida | | City & State Miami, Florida | | | 4. FEI Number NOT APPLICABLE | | Applied For X Not Applicable |
| Zip 33131 | Country USA | Zip 33131 | Countr USA | ý · · · · · | 5. Certificate of Status I | Desired X | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | | | 1, | 7. Name and Address of New Registered Agent | | |
| Castro, Jose L 2151 S. Lejeune Road -Ste 202 - Coral Gables, FL 33134 | | | | Street Add | Intrastate Registered Agent Corp.,ration Street Address (P.O. Box Number is Not Acceptable) 701 Brickell Avenue | | |
| | | | | Suite 3000 City Miami | 1.4 | FL | Zip Code 33131 |
| 8. The above nam | ed entity submits this statem | ent for the purpose of | of changing its reg | | r regiştered agent, or bot | th, in the State o | f Florida. |
| SIGNATURE | INTRASTA | WILL VIA | ACENT 17D | | | DATE | |
| 9. This corporation | n is eligible to satisfy its Intar ement and elects to do so. | ngible | | E IS \$150.00 *** ee will be \$550.00 | 10. Election Cart | vaign Financing | \$5.00 May Be Added to Fees |
| 11. | OFFICERS AND DIRECTORS 1 | | | 12. | ADDITIONS/CHAN | GES TO OFFICE | ERS AND DIRECTORS IN 11 |
| TITLE NAME STREET ADDRESS | V RENTA, LUIS ALVAREZ 701 Brickell Avenue, Suite 3000 | | Delete | TITLE NAME STREET ADDRES | s | | Change Addition |
| CITY-ST-ZIP TITLE | Miami, FL 33131 S | | | CITY-ST-ZIP | | | , |
| NAME STREET ADDRESS CITY-ST-ZIP | RODRIGUEZ, ZAIDA A. 701 Brickell Avenue, Suite 3000 Miami, FL 33131 | | · Delete | NAME STREET ADDRES CITY-ST-ZIP | s | | Change Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | PD RAMERA, LUIS ALVAREZ 701 Brickell Avenue, Suite 3000 Miami, FL 33131 | /£- | Delete | TITLE NAME STREET ADDRES CITY-ST-ZIP | s | | Change Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | The second of th | Manager Cong. (Magaze) 19. T | Delete | NAME STREET ADDRES CITY-ST-ZIP | s | | Change Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | Delete | NAME STREET ADDRES CITY-ST-ZIP | s | | Change Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | · | , | Delete | TITLE NAME STREET ADDRES CITY-ST-ZIP | ss | | Change Addition |
| 13. I hereby certi information ir am an officer name appear SIGNATURE | $N \cup V$ | 100 | | | March | 3)(i), Florida States legal effect by chapter 607, | tutes. I further certify that the t as if made under oath; that I Florida Statutes; and that my 200 -248 8483 Daytime Phone # |