FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY 31 AM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/02/95--01033--003
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # K66850

1. Corporation Name

CHILE FINANCIAL INVESTMENTS ASSOCIATES, INC.

Principal Place of Business
51000 OLD 41 North
Naples, FL 33963

Mailing Address
c/o Alhambra Registered Agents, Inc.
2 Alhambra Plaza
Suite 1202
Coral Gables, FL 33134

3. Date Incorporated or Qualified: 02/20/89
3a. Date of Last Report:

4. FEI Number: 65-0150317 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

Alhambra Registered Agents, Inc.
2 Alhambra Plaza, Suite 1202
Coral Gables, FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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: Mark Herman, Vice President 4/24/95
(Signature, typed or printed name of Registered Agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GARGIULO, JEFFREY D.
STREET ADDRESS	15000 Old 41 North
CITY-ST-ZIP	Naples, FL 33963
TITLE	DAS
NAME	GARGIULO, JOHN R.
STREET ADDRESS	15000 Old 41 North
CITY-ST-ZIP	Naples, FL 33963
TITLE	DT
NAME	GARGIULO, DEWEY
STREET ADDRESS	15000 Old 41 North
CITY-ST-ZIP	Naples, FL 33963
TITLE	D
NAME	PROCACCI, MICHAEL
STREET ADDRESS	15000 Old 41 North
CITY-ST-ZIP	Naples, FL 33963
TITLE	D
NAME	PROCACCI, JOSEPH
STREET ADDRESS	15000 Old 41 North
CITY-ST-ZIP	Naples, FL 33963
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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 the 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: Jeffery D. Gargiulo 5/9/95 813-597-3131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #