FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 22, 2002 8:00 am Secretary of State DOCUMENT # L01000016985 1. Entity Name 05-22-2002 90224 035 ****50.00 RED IBEROAMERICANA DE CONSULTORIA, L.L.C. Principal Place of Business Mailing Address 9231 SW 150 STREET 9231 SW 150 STREET 0 0 0 1 0 U MIAMI FL 33176 MIAMI FL 33176 2. Principal Place of Business 3. Mailing Address 255 EAST FLAGLER SZZ EDIT FLAGIER ST Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 7 60082 3 **9** FLOOR City & State City & State 4. FEI Number Applied For MISMI たしたノロク MIDMI FLORIDA 65-14233 Not Applicable Zip Country , DDD E Country \$5.00 Additional 5. Certificate of Status Desired .3313 I DVDE 33131 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PERINI. ANDRES Street Address (P.O. Box Number is Not Acceptable) 9231 SW 150 STREET **MIAMI FL 33176** City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES **MGRM** TITLE □ Delete TITLE PREJIDENT Addition Change PERINI, ANDRES NAME NAME luis & haldonado STREET ADDRESS 9231 SW 150 STREET PAST FLAGICA ST CR2E083 4100E STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33176** MIDMI CITY-ST-ZIP 33131 TITLE ☐ Delete TITLE v /CEPなぜら/カトレブ Change ☐ Addition NAME NAME DNDRES 3:0 STREET ADDRESS STREET ADDRESS FLYTES **7464** CITY-ST-ZIP CITY-ST-7IP HISMI, FL 3313) TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the repeiper or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

(9/01)