

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000002792

FILED
Aug 19, 2005
Secretary of State

Entity Name: IRAZU FLORIDA LLC

Current Principal Place of Business:

95 MERRICK WAY, SUITE 440
CORAL GABLES, FL 33134

New Principal Place of Business:

TWO ALHAMBRA PLAZA
PH2C
CORAL GABLES, FL 33134

Current Mailing Address:

95 MERRICK WAY, SUITE 440
CORAL GABLES, FL 33134

New Mailing Address:

TWO ALHAMBRA PLAZA
PH2C
CORAL GABLES, FL 33134

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DE LA CRUZ, LUIS F JR
95 MERRICK WAY, SUITE 440
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

DE LA CRUZ, LUIS F JR
TWO ALHAMBRA PLAZA
PH2C
CORAL GABLES, FL 33134 US

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: LUIS F DE LA CRUZ

08/19/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CONCENTRADOS DEL NOR, TE, S.A.
Address: COSTADO SUR, PARQUE PERU
City-St-Zip: BARRIO ROHMOSER SAN JOSE,

Title: MGR (X) Delete
Name: DE LA CRUZ, LUIS F JR
Address: 95 MERRICK WAY, SUITE 440
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FISHMAN, LUIS
Address: C/O TWO ALHAMBRA PLAZA, PH2-C
City-St-Zip: CORAL GABLES, FL 33134 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LUIS FISHMAN

MGR

08/19/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date