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 APR 26 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L09125** **(0)**

1. Corporation Name
PROCLAY, INC.

Principal Place of Business	Mailing Address
1101 BRICKELL AVE #401 MIAMI FL 33131	1101 BRICKELL AVE #401 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/10/1989**
3a. Date of Last Report: **04/28/1994**

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)
1101 BRICKELL AVE #401, MIAMI FL 33131

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)
1101 BRICKELL AVE #401, MIAMI FL 33131

4. FEI Number: **65-0137627** ☐ 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

9. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ANGULO, FRANCISCO J
1101 BRICKELL AVE
STE 401
MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name: Patricio Silva
82 Street Address (P.O. Box Number is Not Acceptable): 1101 BRICKELL AVE
83: SUITE 401
84 City: MIAMI **FL** 85 Zip Code: 33131

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: Patricio Silva · PATRICIO SILVA · 4-13-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	SANABRIA, LUIS A	1.2 NAME		
STREET ADDRESS	1101 BRICKELL AVE #401	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	ACEDO, GUSTAVO VOLLMER	2.2 NAME		
STREET ADDRESS	1101 BRICKELL AVE #401	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	SILVA, PATRICIO	3.2 NAME		
STREET ADDRESS	1101 BRICKELL AVE #401	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP		
TITLE	TV	4.1 TITLE	T	☒ Change ☐ Addition
NAME	ANGULO, FRANCISCO	4.2 NAME	Luis Enrique Lopez	
STREET ADDRESS	1101 BRICKELL AVE #401	4.3 STREET ADDRESS	1101 Brickell Avenue, #401	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL. 33131	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	VS	☐ Change ☒ Addition
NAME		6.2 NAME	DOMINGO TORRES	
STREET ADDRESS		6.3 STREET ADDRESS	1101 BRICKELL AVE. #401	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MIAMI, FL 33131	

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)(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 if changed, or on an attachment with an address.

SIGNATURE: Patricio Silva · PATRICIO SILVA · 4/13/95 · 358-7261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

012A060 CP