2003 FOR PROFIT CORPORATION

Apr 28, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** L75117 **DOCUMENT #** 1. Entity Name 04-28-2003 90529 038 ***150.00 TERRA FIRMA CAPITAL, INC. Principal Place of Business Mailing Address P O BOX 680-550 P. O. BOX 680-550 MTAMIF FE 33160-0550 --MIAMI FL 33168-0550 2. Principal Place of Business LEJEUNE BOX 680-550 FLORIDA CHECK HERE IF MAKING CHANGES FLOOR Applied For 4. FEI Number FLORIDA 65-0335089 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BARTHET, PATRICK C ESQ 200 S. BISCAYNE BLVD SUITE 1800 MIAMLEL 33131 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. the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition Change Delete TITLE TITLE UTVICH, MICHAEL NAME NAME STREET ADDRESS 6305 CASTANEDA STREET ADDRESS 33146-3410 CORAL GABLES FL CITY-ST-ZIP CITY-ST-7IP Delete ☐ Addition DVP ☐ Change TITLE TITLE NAME OLIVER, SHERILL NAME STREET ADDRESS 2300 INDIAN CREEK BLVD WEST APT C117 STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP VERO BEACH FL 32966 TITLE Delete TITLE Change ☐ Addition EUERINGHAM, PHILIP D NAME STREET ADDRESS 2602 SAN DOMINGO ST STREET ADDRESS CORAL GABLES FL CITY-ST-ZIE CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME UTVICH, DAVID M 1368 HIBISCUSS AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-7IP Change Delete ☐ Addition TITLE TITLE UTVICH LORNA 1 NAME UTVICH, LORNA R STREET ADDRESS STREET ADDRESS 6305 CASTANEDA ORAL GABLES, FLA 33146-3410 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL Change TITLE TITLE VICH GREGORY T. UTVICH, DARYL A NAME NAME PO BOX 622462 STREET ADDRESS STREET ADDRESS MIAMI, FLORIDA 33/73 CITY-ST-ZIP ORLANDO FL 32862 CITY-ST-7IP

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 or supplemental 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 10 or Block 11 in

OFFICER OF DIRECTOR

of the corporation or the receiver or trustee empowered to execute this report a changed, or on an attachment with an address with all other like empowered.

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SIGNATURE:

Statutes; and that my name appears in Block 10 or Block 11 if

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