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Aug 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # L95871 (4)

1. Corporation Name
Santana Insulators, Inc.

Principal Place of Business	Mailing Address
520 Brickell Key Drive Suite 0-305 Miami, Florida 33131	520 Brickell Key Drive Suite 0-305 Miami, Florida 33131

3. Date Incorporated or Qualified: 08/27/90
3a. Date of Last Report: 04/04/96

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 65-0234637 ☐ 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

9. Name and Address of Current Registered Agent

Freeman, Stephen A.
520 Brickell Key Drive
Suite 0-305
Miami, Florida 33131

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~VPD~~ ☒ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	~~HUGHES, JAMES F.~~	12 NAME	
STREET ADDRESS	~~520 BRICKELL KEY DRIVE, SUITE 0-305~~	13 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI, FLORIDA 33131~~	14 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	GOUVEIA, JOAO C.	22 NAME	
STREET ADDRESS	520 BRICKELL KEY DRIVE, SUITE 0-305	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FLORIDA 33131	24 CITY-ST-ZIP	
TITLE	~~TD~~ ☒ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	~~MAURICIO, SERGIO D.~~	32 NAME	
STREET ADDRESS	~~520 BRICKELL KEY DRIVE, SUITE 0-305~~	33 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI, FLORIDA 33131~~	34 CITY-ST-ZIP	
TITLE	~~PD~~ ☒ DELETE	41 TITLE	PDT ☒ Change ☒ Addition
NAME	~~LOPES, HORACIO, JR.~~	42 NAME	FUKUDA, YOCITO
STREET ADDRESS	520 BRICKELL KEY DRIVE, SUITE 0-305	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FLORIDA 33131	44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	500002258795
STREET ADDRESS		63 STREET ADDRESS	-08/06/97--01007--003
CITY-ST-ZIP		64 CITY-ST-ZIP	***61.25

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Yocito Fukuda YOCITO FUKUDA — 7/28/97 — (305) 374-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #