2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 19, 2000 8:00 am Secretary of State **DOCUMENT # L96217** 1. Entity Name LTC INVESTMENTS, INC. 05-19-2000 90104 004 ***150.00 Principal Place of Business Mailing Address 9261 SW 11TH STREET 2531 N.W. 72ND AVENUE, SUITE B MIAMI FL 33122 MIAMI FL 33174-3102 US 2. Principal Place of Business 3. Mailing Address 4444 S.W. 71st Ave <u>8500 S.W. 8th St</u> Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite # 246 Suite # 107 4. FEI Number Applied For City & State Miami, Fl. City & State 65-0225938 Miami, Fl. Not Applicable Country Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 33144 Miami-Dade 33155 -Miami-Dade 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROLANDO IGLESIAS IGLESIAS, JOSE A. Street Address (P.O. Box Number is Not Acceptable) 4444 S.W. 71st Ave. 9261 S.W. 11TH ST. MIAMI FL 33174 Suite # 107 Zip Code33155 City Miami 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees X Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PDS Delete TITLE ☐ Change Addition TITLE IGLESIAS, JOSE A. NAME NAME 9261 S.W. 11TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition $\overline{\mathsf{D}}$ PDS K Change X Delete TITLE TITLE IGLESIAS, ROLANDO IGLESIAS, ROLANDO 9265 S.W. 10th Terr NAME NAME 9265 S.W. 10TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL Miami, Fl. 33174 ☐ Change X Addition ☐ Delete TITLE TĪTI E IGLESIAS, ELINA NAME NAME STREET ADDRESS STREET ADDRESS 9261 S.W. 11th St. CITY-ST-7IP CITY-ST-ZIP Miami, Fl. 33174 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GNING OFFICER OR DIRECTOR

7.R2Fn34 (9/99)