2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # M 38112 May 08, 2000 8:00 am 1. Entity Name **Secretary of State** CASURINA, INC. 05-08-2000 90007 037 ***158.75 Mailing Address Principal Place of Business 801 Brickell Avenue 1600 Micanopy Avenue. Suite 1901 Coconut Grove Miami, Florida 33131 Florida 33133 **UUU04633** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable 59-2746761 Country Zıp \$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 THOMAS, R. JR SPENCER. Street Address (P.O. Box Number is Not Acceptable) 801 Brickell Avenue Suite 1901 Florida 33131 MIAMI. Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. President_ Addition ☐ Change ALDUNCIN, Guillermina ☐ Delete TITLE NAME 1600 Micanopy Avenue STREET ADDRESS Conut Grove, Florida 33133 STREET ADDRESS CITY-ST-ZIP ☐ Delete Change Addition Vice President TITLE TITLE NAME NAME ALDUNCIN. Juan P. STREET ADDRESS STREET ADDRESS 1600 Micanopy Avenue CITY-S1-ZIP CITY-ST-ZIP Coconut Grove, Fl 33133 Addition TITLE ☐ Delete TITLE Secretary NAME NAME SPENCER, Thomas R. Jr. STREET ADDRESS STREET ADDRESS 801 Brickell Avenue - Suite CITY-ST-ZIP CITY-ST-ZIP <u>- Miami Fl 3313</u>1 ☐ Change ☐ Addition T!ŢLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change TITLE □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE STREET ADDRESS STREET ADDRESS

13. I 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 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.

CITY-ST-ZIP

SIGNATURE AND TYPED OF FRINTED NAME OF SIGNING OFFICER OF DIRECTOR Alduncin - President 4/15/00 Date Phone # SIGNATURE: