2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000012084

FILED Oct 24, 2008 Secretary of State

Entity Name: EUROSSUITES RESIDENCES AND RESORT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1750 NW 107 AVENUE MIAMI, FL 33172

Current Mailing Address: New Mailing Address:

1750 NW 107 AVENUE MIAMI, FL 33172

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PERLA SOLE-CALAS, P.A. 15450 NEW BARN ROAD SUITE 302 MIAMI LAKES, FL 33014 US

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: PERLA SOLE CALAS

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

Name: AMBARD, LEONARDO Name: SUAREZ, JUAN ALBERTO

Address: 2315 NW 107 AVENUE, STE. 1M-17, BOX 52 Address: 2315 NW 107 AVENUE, STE 1M-17, BOX 52

City-St-Zip: DORAL, FL 33172 City-St-Zip: DORAL, FL 33172

Title: D () Delete Title: () Change () Addition

 Name:
 ANTONINI, GUILLERMO
 Name:

 Address:
 2315 NW 107 AVENUE, STE. 1M-17, BOX 52
 Address:

 City-St-Zip:
 DORAL, FL 33172
 City-St-Zip:

 $\label{eq:time_def} \mbox{Title:} \qquad \mbox{D} \qquad \mbox{(X) Delete} \qquad \mbox{Title:} \qquad \mbox{() Change () Addition}$

 Name:
 SUAREZ, JUÁN ALBERTO
 Name:

 Address:
 2315 NW 107 AVENUE, STE. 1M-17, BOX 52
 Address:

 City-St-Zip:
 DORAL, FL 33172
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUILLERMO ANTONINI D 10/24/2008