305/577-7000

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 21, 2001 8:00 am DOCUMENT # P00000026500 **Secretary of State** DELMOR INVESTMENT CORP. 03-21-2001 90052 024 ***150.00 Principal Place of Business Mailing Address C/O STEEL HECTOR & DAVIS LLP C/O STEEL HECTOR & DAVIS LLP 1900 PHILIPS POINT W. 777 S. FLAGLER DR 1900 PHILIPS POINT W. 777 S. FLAGLER DR W. PALM BEACH FL 33401-6198 W. PALM BEACH FL 33401-6198 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEL Number 65-/003916 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired ГП Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -BUCKNER, MICHAEL S Street Address (P.O. Box Number is Not Acceptable) 1900 PHILIPS POINT W. 777 FLAGLER DR. W. PALM BEACH FL 33401-6198 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE President and Secretary Change WILLEY, THOMAS J Willey, Thomas J. NAME NAME street ADDRESS Pena Prieto & Gamundi PENA PRIETO & GAMUNDI AVE. PEDRO HENRIQUEZ STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Santo Domingo, Dominican Republic URENA #157 SANTO DOM DOM REP TITLE ☐ Delete TITLE ☐ Change 🔀 Addition NAME Decaran-Voigt, Gabriel STREET ADDRESS STREET ADDRESS 200 S. Biscayne Boulevard CITY-ST-ZIP CITY-ST-ZIP Miami, Florida 33131 Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Oelete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP I hereby certify that the information supplied win this F or ones 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 reports true for supplemental reports true for coverate 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 truttee and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address.