2001 UNIFORM BUSINESS REPORT (UBR) Apr 05, 2001 8:00 am Secretary of State DOCUMENT # P0000071007 HIDDEN BAY INVESTMENTS, INC. 04-05-2001 90097 026 ***150.00 Principal Place of Business Mailing Address C/O ARAZOZA COMAS DETORRES & FERNANDEZ C/O ARAZOZA COMAS DETORRES & FERNANDEZ 2100 SALZEDO STREET SUITE 300 2100 SALZEDO STREET SUITE 300 CORAL GABLES FL 33134 CORAL GABLES FL 33134 ARAZOZA & FERNANDEZ-FRAGA P.A. ARAZOZA & FERNANDEZ-FRAGA P.A. 2100 SALZEDO STREET 2100 SALZEDO STREET DO NOT WRITE IN THIS SPACE SUITE 300 SUITE 300 CORAL GABLES, FL. 33134 CORAL GABLES, FL. 33134 4. FEI Number Applied For 65-1040921 Not Applicable \$8.75 Additional -country 5. Certificate of Status Desired Fee Required = 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARAZOZA COMAS DE TORRES & GERNANDEZ-FRAGA ARAZOZA & FERNANDEZ-FRAGA P.A. Street A 2100 SALZEDO STREET SUITE 300 2100 SALZEDO STREET **SUITE 300 CORAL GABLES FL 33134** CORAL GABLES, FL. 33134 City Zip Code statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits SIGNATURE DATE ered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. П 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. P/S/T CR2E034 (10/00) P/S/T CARLOS GUILLERMO OTAOLA SR. ***Addition ☐ Delete TITLE TITLE NAME NAME 2100 Salzedo Street, Suite 300 STREET ADDRESS STREET ADDRESS 33134 Coral Gables, FL CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITL F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BRIGHING OFFICER OR DIRECTOR Carlos Guillering Otaola Staving Phone #