2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000080878

CLARO INVESTMENT COMPANY

Principal Place of Business Mailing Address C/O S. L. URDANETA CALZADILLA & PEREZ-C/O S. L. URDANETA CALZADILLA & PEREZ-BURELLI. 888 BRICKELL AVE. 5TH FL BURELLI, 888 BRICKELL AVE. 5TH FL MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1038808 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VICENTE URDANETA, JUAN Street Address (P.O. Box Number is Not Acceptable) 888 BRICKELL AVE, 5TH FLOOR **MIAMI FL 33131** City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete ☐ Addition NAME ROSSI GAROFALO, LUISA NAME STREET ADDRESS 888 BRICKELL AVE, 5TH FLOOR? STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DE ROSSI GAROFALO, ROSA STREET ADDRESS STREET ADDRESS 888 BRICKELL AVE. 5TH FLOOR CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME ROSSI GAROFALO, LUIS STREET ADDRESS STREET ADDRESS 888 BRICKELL AVE, 5TH FLOOR CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance [...] Addition

NAME

STREET ADORESS

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:

NAME

STREET APPRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

Date Daytime Phone #

FILED

05-07-2002 90213 014 ***150.00

May 07, 2002 8:00 am Secretary of State