2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 16, 2001 8:00 am Secretary of State DOCUMENT # P00000099999 MADRID MANAGEMENT COMPANY 03-16-2001 90036 032 ***150.00 Principal Place of Business Mailing Address 701 BRICKELL AVENUE 701 BRICKELL AVENUE SUITE 3000 SUITE 3000 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 52-228C076 Not Applicable Zip Zip Country Country \$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 Name INTRASTATE REGISTERED AGENT CORPORATION Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVENUE SUITE 3000 **MIAMI FL 33131** 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, 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 11. OFFICERS AND DIRECTORS 12. X Addition DPST ☐ Delete TITLE Change CUETO, JOSE NAME NAME RINCON, EMILIO c/o Madrid Management 701 Brickell Avenue, STREET ADDRESS c/o Madrid Management STREET ADDRESS Ste. 2800 CITY-ST-ZIP 701 Brickell Ayenue, Ste. CITY-ST-ZIP 2800 Miami, FL 33131 TITLE ☐ Delete TIT! F DVP NAME GUTIERREZ, VICTOR C/O Madrid Management 701 Brickell Avenue, Ste. NAME STREET ADDRESS STREET ADDRESS 2800 CITY-ST-ZIP CITY-ST-ZIP ☐ Change - ☐ Addition TITLE TITLE - Delete 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-7IP CITY-ST-ZIP Change Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP T/T/F Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 a with all other like empowered.

SIGNATURE: ____

SIGNATURE AND TYPED OF

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR