FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State
05-10-2002 90039 028 ***150.00

DOCUMENT # P01000072638

1. Entity Name
Latin American Nautilus Service Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
200 So. Biscayne Blvd.	
Suite, Apt. #, etc.: Suite 4600	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State
Zip: 33131 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1074373 — X Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Corporate Service Company
Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
Suite 105
City: Tallahassee, FL Zip Code: 32301

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 _____ DATE
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 Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Carlos Lambarri 200 So. Biscayne Blvd., Ste 4600 Miami, Florida 33131
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Juan Miguel Parodi 200 So. Biscayne Blvd., Ste 4600 Miami, Florida 33131
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Eduardo Falzoni 200 So. Biscayne Blvd., Ste 4600 Miami, Florida 33131
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Francesco Armato c/o Telecom Italia SpA., Via de Macchia, Palocco 223, 00125, Italy
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Juan Miguel Parodi Apr. 18, 2002 786,425,2460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #