FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 28, 2002 8:00 am Secretary of State P01000029576 DOCUMENT # 1. Entity Name TAYLOR FLORIDA MANAGEMENT CORP. 05-28-2002 91729 007 ***150 00 Principal Place of Business Mailing Address 145 MADEIRA AVENUE 145 MADEIRA AVENUE SUITE 310 SUITE 310 CORAL GABLES FL 33134 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address 1300 Brickell 300 Brickell Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Miami 01-06/6/89 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 331 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent lan Pablo Bauona SANCHEZ DE VARONA, RAUL J Street Address (P.O. Box Number is Not Acceptable) 145 MADEIRA AVENUE **SUITE 310** Brickell CORAL GABLES FL 33134 8. The above named entity statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, I title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy if Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do \$5.00 May Be SO. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE PD CR2E034 (9/01) ☐ Change Addition SANCHEZ DE VARONA, RAUL J NAME NAME Evic m Pintav STREET ADDRESS 145 MADEIRA AVENUE SUITE 310 STREET ADDRESS 300 Brichell Aue CORAL GABLES FL 33134 CITY-ST-ZIE CITY-ST-ZIP <u> Miami FL 3</u>3131 Delete TITI F S/D ☐ Change Addition NAME NAME Gustavo Vsandizaqa STREET ADDRESS STREET ADDRESS 1300 Brickell Ave CITY-ST-ZIP CITY-ST-ZIP <u>Miami</u> FL 33131 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

JIPICE RC M. DINTER

SIGNATURE: