FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 10, 2002 8:00 am Secretary of State P01000056579 DOCUMENT # 1. Entity Name PAN AMERICAN SITES, INC. 05-10-2002 90018 025 ***158.75 Principal Place of Business Mailing Address C/O-LINDA-LARREALP.A. O/O: LINDA-LARREA: P.A DIOCEDIN 2. Principal Place of Business 3. Mailing Address 2199 Ponce de Leon Blvd. 2199 Ponce de Leon Blyd. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 200 200 City & State City & State 4. FEI Number Applied For Coral Gables, FL. Coral Gables, FL. Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33134 USA 33134 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DADE CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2300 CORAL WAY, SUITE 103 MIAMI FL 33145 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 LOPE TITLE ☐ Delete Change ☐ Addition Z-CANTERA, CARLOS C NAME NAME Lopez-Cantera, Carlos C STREET ADDRESS 7415 NORTHWEST 7TH STREET STREET ADDRESS 2199 Ponce de Leon Blvd. **MIAMI FL 33126** Suite 200 CITY-ST-ZIP CITY-ST-ZIP Coral Gables, Fl. 33134 TITLE ☐ Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition 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 receive or trustee employed 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 of the received of the receive

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-00

(305858-5568 Daytime Phone #