2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 28, 2003 8:00 am Secretary of State P01000058275 DOCUMENT # 04-28-2003 90172 023 ***150.00 1. Entity Name NINETTO, INC. Principal Place of Business Mailing Address 400 S. POINTE DRIVE 400 S. POINTE DRIVE SUITE 314 SHITE 311 MIAMI-BEACH-FL 33139 MIAMI BEACH FL 33139 Principal Place of Busines Suite, Apt. #. CHECK HERE IF MAKING CHANGES & State Applied For 4. FEI Number 38-3643795 Not Applicable \$8.75 Additional П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent tede DIAZ, OSVALDO-J Street Address (P.O. Box Number is Not Acceptable) 7951 S.W. 40TH-STREET SUITE-208 MIAMI-FL-33155 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. I am familiar with, the obligation SIGNATU 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. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE Delete TITLE Change LORE, PABLO NAME NAME 400 S. POINTE DRIVE SUITE 811 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP CITY-ST-ZIP TITLE SVD ☐ Delete NAME LORE, FEDERICO NAME STREET ADDRESS 400 S. POINTE DRIVE SUITE S11 STREET ADDRESS CITY-ST-ZIP MIAMI-BEACH FL 33139 CITY-ST-ZIP TITLE . Delete TITLE 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-7IP 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-7IP

12. Thereby 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 10 or Block 11 if changed, or on an a achment with an address with all other like empowered.

FATHURE BREQUIRED SIGNATUBE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR