FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 08, 2002 8:00 am Secretary of State P01000072820 DOCUMENT # 1. Entity Name 05-08-2002 90101 041 ***150.00 RAG BEACH, INC. Principal Place of Business Mailing Address C/O LEONARDO D. GRAVIER C/O LEONARDO D. GRAVIER 150 ALHAMBRA CIRCLE SUITE 800 150 ALHAMBRA CIRCLE SUITE 800 **CORAL GABLES FL 33134** CORAL GABLES FL 33134 2. Principal Place of Business Mailing Address bravier Leonardo Leonordo bravier DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Alhambia Alham 4. FEI Number Applied For Not Applicable araCountry \$8.75 Additional 5. Certificate of Status Desired u.s.AFee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RODRIGUEZ, JOSE A ESQ Street Address (P.O. Box Number is Not Acceptable) 150 ALHAMBRA CIRCLE SUITE 1270 CORAL GABLES FL 33134 Zip Code City 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 DATE 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 $\stackrel{\checkmark}{\bullet}$ 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12 11. Addition Change ☐ Delete TITLE Rafael Augusto Carfunlel 150 Alhambia circle, Suite 1270 GARFUNKEL, RAFAEL A NAME NAME 150 ALHAMBRA CIRCLE SUITE 800 STREET ADDRESS STREET ADDRESS coral bables FL 33134 **CORAL GABLES FL 33134** CITY-ST-ZIP CITY-ST-7IF Change ☐ Addition ☐ Defete TITLE Diego Maximo borfuntel TITLE NAME GARFUNKEL, DIEGO MAXIMO NAME 150 Alhambra Circle, suite 1270 Coral bables, FL 33134 STREET ADDRESS 150 ALHAMBRA CIRCLE SUITE 800 STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE Alcandra Paula Oartunkel. GARFUNKEL, ALEJANDRA P NAME NAME 150 Amambra Circle, Suite 1270 STREET ADDRESS STREET ADDRESS 150 ALHAMBRA CIRCLE SUITE 800 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 coral bables, FL 33134 ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 it changed, or on an attachment

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO