2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 12, 2004 8:00 am DOCUMENT # P01000083075 **Secretary of State** 1. Entity Name 03-12-2004 90035 003 ***150.00 JALOM DEVELOPMENT CORPORATION Principal Place of Business Mailing Address 1390 BRICKELL AVENUE, SUITE 200 1390 BRICKELL AVENUE, SUITE 200 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03082004 CR2E034 (10/03) Cha-P Applied For City & State City & State 4. FEI Number 65-1132397 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CASTILLO, ALVARO B ESQ. Street Address (P.O. Box Number is Not Acceptable) **CASTILLO & ASSOCIATES** 1390 BRICKELL AVENUE, SUITE 200 MIAMI, FL₂ 33131 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, and accept the obligations of registered agent. SIGNATURE __ 3-10-04 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE TITI F Delete S Alvaro Castillo B. NAME TEPLIXKE, PABLO R NAME 1390 Brickell Avenue, Suite 200 STREET ADDRESS 1390 BRICKELL AVENUE, SUITE 200 STREET ADDRESS Miami, Florida 33131 CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP TITLE C Delete ☐ Change ☐ Addition NAME LEVIN DE TEPLIXKA, BEATRIZ G STREET ADDRESS 1390 BRICKELL AVENUE, SUITE 200 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP TITLE D/VP TITLE ☐ Delete Change ☐ Addition Mariela Teplixke NAME TEPLIXKE, MARIELA NAME 1390 Brickell Avenue, Suite 200 STREET ADDRESS STREET ADDRESS 1390 BRICKELL AVENUE, SUITE 200 Miami, Florida 33131 CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP TITEF TITLE D/VP☐ Delete DCI Change Addition Adriana Teplixke TEPLIXKE, ADRIANA NAME 1390 Brickll Avenue, Suite 200 STREET ADDRESS 1390 BRICKELL AVENUE, SUITE 200 STREET ADDRESS Miami, Florida 33131 CiTY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP TITLE D/VP TITLE ☐ Delete Change ☐ Addition Gustavo Teplixke TEPLIXKE, GUSTAVO NAME NAME 1390 Brickell Avenue, Suite 200 1390 BRICKELL AVENUE, SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami, Florida 33131 MIAMI, FL 33131 1ITLE TITLE D/VPDelete hr Change Addition Ana Cecilia Teplixke TEPLIXKE, ANA CECILIA NAME NAME 1390 Brickell Avenue, Suite 200 1390 BRICKELL AVENUE, SUITE 200 STREET ADDRESS STREET ADDRESS Miami, Florida 33131 CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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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 attachment with an address, with all other like empowered