2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 07, 2004 8:00 am Secretary of State DOCUMENT # P01000090061 04-07-2004 90331 001 ***450.00 M.O. TEQUESTA INVESTMENT CORP. Principal Place of Business Mailing Address 66410301 C/O BARED AND ASSOC, PA C/O BARED AND ASSOC. PA 1500 SAN REMO AVE., SUITE 177 1500 SAN REMO AVE., SUITE 177 CORAL GABLES, FL 33146 CORAL GABLES, FL 33146 Ilamo 10 M) 04012004 CR2E034 (10/03) Chg-P Applied For 4. FEI Number 65-1139162 Not Applicable \$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 BARED ADN ASSOC., P.A. Street Address (P.O. Box Number is Not Acceptable) 1500 SAN REMO AVE. #177-CORAL GABLES, FL 33146 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution, Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition Auta 103 ORACIO OPEN, MARCELO NAME NAME STREET ADDRESS 1500 SAN REMO AVE., SUITE 477 STREET ADDRESS CORAL GABLES, FL 33146 CITY-ST-ZIP CITY-ST-7tP TITLE ☐ Delete Change TITLE 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-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition 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- ZIP 12. 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 10 or Block 11 if

an address, with all other like empowered.

SIGNATURE AND TYPED ORIPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED