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03 JUN 12 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000112684

1. Entity Name
BISCAYNE & 18 PLAZA CORP.

Principal Place of Business	Mailing Address
C/O PLM SHUTTS & BOWEN LLP 1500 MIAMI CENTER, 201 S. BISCAYNE BLVD. MIAMI, FL 33131	C/O PLM SHUTTS & BOWEN LLP 1500 MIAMI CENTER, 201 S. BISCAYNE BLVD. MIAMI, FL 33131

2. Principal Place of Business		3. Mailing Address	
615 NE. 22 ST.		615 NE. 22 ST.	
Suite, Apt. #, etc.: APT # 101		Suite, Apt. #, etc.: APT # 101	
City & State: MIAMI FLORIDA		City & State: MIAMI FLORIDA	
Zip: 33137	Country: USA.	Zip: 33137	Country: USA.

■ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1157631 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
C/O PATRICK L. MURRAY
201 S. BISCAYNE BLVD., 1500 MIAMI CENTER
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: CARLOS FERREIRA de MELO
Street Address (P.O. Box Number is Not Acceptable): 615 NE. 22 ST. APT # 101
City: MIAMI FL Zip Code: 33137

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] CARLOS FERREIRA de MELO D. 04/07/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[illegible]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DE MELO, CARLOS F ALVAREZ JONTE 5378 BUENOS AIRES, ARGENTINA,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DE MELO, MARTIN F ALVAREZ JONTE 5378 BUENOS AIRES, ARGENTINA,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] CARLOS FERREIRA DE MELO 4/7/03 305-573-6684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

gr 6/12