2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

STREET ADDRESS

SIGNATURE: _

CITY-ST-ZIP

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # P03000030077 05 MAY 10 PM 3: 00 INVERSIONES BOSTON 16, INC. Principal Place of Business Mailing Address 1401 BRICKELL AVENUE 1401 BRICKELL AVENUE 825 825 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address 801 BeiCKELL AUGNUE 801 BRICKEL AUENUE Suite, Apt. #, etc. Suite, Apt. #, etc 02282005 Chg-P CB2E034 (10/03) SUICE SUITE 2380 City & State City & State 4. FEI Number Applied For 55-0824309 MIRM MIAMI FLORIBA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired \Box 3313 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TH SERVICE SANCHEZ-ABALLI, RAFAEL Street Address (P.O. Box Number is Not Acceptable) 1401 BRICKELL AVE STE 825 MIAMI, FL 33131 8. The above named entity submits It for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered CAFAEL SANCHEZ Signature, typed or (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TITLE Delete TITLE GONZALEZ, VICTOR NAME NAME BOI BRICKELL AVENUE, STE. 2380 1401 BRICKELL AVE STE 825 STREET ADDRESS STREET ADDRESS MiAni, Floring 33131 CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP D Change Addition TITLE Delete TITLE 801 BRICKELL AVENUE, STE. 2380 COHEN, KARINA NAME NAME STREET ADDRESS 1401 BRICKELLAVE STE 825 STREET ADDRESS MIAMI, FLORIBA 33131 CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE 8000549220年第 ⁰⁴05/20/05--01010--010 **2000.00 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change Delete Addition NAME NAME

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12. I hereby certify that the information supplied with this filips 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 adcurate 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 trusted 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 other like empowered.

PAGABL SANCHEZ ACORNEY IN FACT AME OF SIGNING OFFICER OR DIRECTOR FILED