2094 FOR PROFIT CORPORATION ANNUAL REPORT

May 10, 2004 8:00 am Secretary of State DOCUMENT # P03000047702 05-10-2004 90481 019 ***150.00 E ROSEPARC INVESTMENT, INC. Principal Place of Business Mailing Address 44045380 2600 SW 3RD AVENUE SUITE 730 2600 SW 3RD AVENUE SUITE 730 MIAMI, FL 33129 MIAMI, FL 33129 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03162004 CR2E034 (10/03) Cha-P City & State City & State 4. FEI Number Applied For 65-1187539 Not Applicable Zip Country 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 CABALLERO-RIOS, MARILYN Street Address (P.O. Box Number is Not Acceptable) 2600 SW 3RD AVENUE SUITE 730 MIAMI, FL 33129 City Zip Code 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 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD TITLE ☐ Delete Change ☐ Addition TITLE KOIFMAN, EDUĀRDO NAME NAME STREET ADDRESS ECHEVERRIA 1880, PISO 19 STREET ADDRESS BUENOS AIRES, ARGENTINA, CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition DE KOIFMAN, JANA BIDERMAN NAME NAME ECHEVERRIA 1880, PISO 19 STREET ADDRESS STREET ADDRESS BUENOS AIRES, ARGENTINA, CITY-ST-ZIE CITY-ST-ZIP 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-S1-ZIP CITY-ST-ZIP Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY-ST-ZIP ___ Change TITLE ☐ Delete TITLE 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 changed, or on an attachment with an address, with all other like empowered.

COEDIC TO TESTMENT, TOC.

04/35/04

305-8599787

Daytime Phone #

FILED