| REIN                                      | FORCA<br>STATEMENT                                                      | FLORID                                              | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORTIONS                           |                                                                                         |                                          | FILED ** 98 NOV 20 PM 1:                                |                                                                           |
|-------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------|---------------------------------------------------------------------------|
| I. Corporat                               | JMENT # 0893                                                            | 7                                                   |                                                                                                                    | . 46                                                                                    | TĂ                                       | ECRETARY OF STA<br>LLAHASSEE, FLOR                      | TE<br>IDA                                                                 |
| (D/B/<br>Principal Pla<br>Road<br>San L   | A/) Florico Foliage ace of Business 183, KM5 corenzo, PR 00754          | P.O.<br>San I                                       | Mailing Address P.O. Box 1264 San Lorenzo 00754                                                                    |                                                                                         | REINSTATEMENT                            |                                                         |                                                                           |
|                                           | ncipal Office Address, If Applicable                                    | 3. New Mail                                         | ough incorrect information and enter correction below.  3. New Mailing Address, If Applicable  Suite, Apt. #, etc. |                                                                                         | May 7,                                   |                                                         | 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1                                  |
| City & Slate                              |                                                                         | City & State                                        | City & State                                                                                                       |                                                                                         | 5. FEI Number Applied For Not Applicable |                                                         |                                                                           |
| Žip .                                     | Country                                                                 | Zip                                                 | Country                                                                                                            |                                                                                         | CERTIFICATE                              | OF STATUS DESIRED                                       | A 1                                                                       |
| Title(s)                                  | and Street Addresses of Each Officers Name of Officers and/or Directors |                                                     | Stree                                                                                                              | ons must list at lea<br>et Address of Each<br>er and/or Director<br>e Post Office Box N |                                          | City / Stat                                             | e/Zp                                                                      |
|                                           |                                                                         |                                                     |                                                                                                                    |                                                                                         | 8                                        | 0000201.1<br>-11/22/96(<br>***1367.50                   | 748<br>01001019<br>***1367.50                                             |
|                                           |                                                                         |                                                     |                                                                                                                    |                                                                                         |                                          | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1                |                                                                           |
|                                           | 8. Name and Address of Curr                                             | unt Registered Ag                                   | jent                                                                                                               |                                                                                         | 9. Name and A                            | ddress of New Registered A                              | gent .                                                                    |
|                                           | John R. Simpson,<br>201 East Pine Str<br>Suite 520<br>Orlando, FL 3280  | Jr.<br>reet                                         | ent                                                                                                                | Name Day R Sireel Address (1 3 20 Suite, Apt. #, Etc B 9 City OR I                      | CK C                                     | CROWELL                                                 | Zp Code                                                                   |
| 10. I, being<br>Signature c<br>Registered | John R. Simpson, 201 East Pine Str Suite 520 Orlando, FL 3280           | Jr.<br>reet                                         | poration, am familiar wit                                                                                          | Street Address (1320) Suite, Apt. #, Etc B9 City ORLE                                   | KK C,<br>Sox Nurry<br>WDO                | CONRUC<br>g Noi Acceptable)<br>CANCULA A<br>State<br>FL | gen<br>2.<br>3.280/<br>3.280/                                             |
| Signature of Registered                   | John R. Simpson, 201 East Pine Str Suite 520 Orlando, FL 3280           | Jr. reet  11  REGISTERED A  ay any intan S. 199.032 | gent MUST SIGN  gible tax to the                                                                                   | Street Address (1320) Striet, Apt. 4, Etc B 9 City OR F h and accept the o              | WOO<br>bligations of Section             | State FL  (See other side on intan                      | Zin Code<br>3280/<br>3280/<br>2 30/96<br>a for information<br>gible tax.) |

## MCO BEUGINES ME

## A STATEMENT ATTACHED TO AND MADE PART OF THE CORPORATION PROPIT ANNUAL REPORT FOR THE TEAR ENDED DECEMBER 31, 1884

## Directors

| Neme                  | Social Security Number Addition                        |
|-----------------------|--------------------------------------------------------|
| Hugh McComes          | 496-16-1925 P.O. Box 1264<br>Sen Lorenzo, P.R. 00764   |
| John McComas          | S93-014651 Seme se Above                               |
| Deniel McComes        | 583-68-8649 Sems as Above                              |
| Niida Miro de McComas | 583-01-4650 Same as Above                              |
| René Rodríguez        | 581-16-1400 Serme as Above                             |
| Angel M. Miranda      |                                                        |
| ••                    | Officers                                               |
| Name                  | Position Social Security Number Address                |
| John McComes          | President 583-01-4651 P.O. Box 158 Maumabo, P.R. 00707 |
| Nilda Miro de McComas | Treesurer 583-01-4650 Same as Above                    |
| René Rodríguez        | Secretary 581-18-1409 Same as Above                    |
| Andrés Nevérez        | Asst. Secretary 583-01-2842 Same as Above              |
| ngel M. Miranda       | Asst. Tresurer 584-82-3977 Same as Above               |