2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 02, 2000 8:00 am Secretary of State DOCUMENT # P92000001197 1. Entity Name KEY INTERNATIONAL GROUP, INC. 02-02-2000 90027 034 ***150.00 Principal Place of Business Mailing Address 848 BRICKELL AVE. 848 BRICKELL AVE. STE. #1000 STE. #1000 MIAMI FL 33131-2976 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2034332 Not Applicable Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MURAI, WALD, BIONDO & MORENO, P.A. Street Address (P.O. Box Number is Not Acceptable) 900 INGRAHAM BLDG. 25 SE 2ND AVE. MIAMI FL 33131 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition ☐ Delete TITLE Change TITLE BARDIN, PALOMA NAME 848 BRICKELL AVE. SUITE 1000 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIE MIAMI FL 33131 ☐ Change □ Addition ☐ Delete TITLE TITLE ARDID, MIGUEL NAME NAME 848 BRICKELL AVE. SUITE 1000 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** ☐ Change ☐ Addition ☐ Delete TITLE TITLE MUNOZ, GONGALO NAME NAME 848 BRICKELL AVE. SUITE 1000 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Change ☐ Addition Delete TITLE TITI F ARDID, JOSE M NAME NAME 848 BRICKELL AVE. SUITE 1000 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME

13. I hereby certify that the information supplied with this filling 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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with amandress, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

Jose M.) Ardid Director

NAME OF SIGNING OFFICER OR DIRECTOR

January 6,

(305)377-1001 CR2E034 (9/99)