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May 14 1998 8:00am CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** P93000036267 1. Corporation Name Belen Estates Corp Principal Place of Business Mailing Address 601 Brickell Key Dr 601 Brickell Key Dr DO NOT WRITE IN THIS SPACE Suite E Suite E 3. Date Incorporated or Qualified Miami, FL 33131 Miami, FL 33131 05/17/1993 2a. Mailing Address 26 1985 NW 88 Court Principal Place of Business FEI Number Applied For 65-0415143 21 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional 201 22 Fee Required City & State City & State Election Campaign Financing \$5.00 May Be Miami, FL Trust Fund Contribution Added to Fees Ζίρ Country Zip Country 8. This corporation owes or has paid the current year intengible Personal Property Tax due June 30. X Yes No 到 33172 30 USA 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Alonso, Antonio E 82 Street Address (P.O. Box Number is Not Acceptable) 1699 Coral Way, Ste 315 83 Miami, FL 33145 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. D/P/S/T TITLE 1.1 TITLE X Change Addition NAME Lopes, Jose Barbosa 1.2 NAME STREET ADDRESS 340 Isla Dorada Blvd 1.3 STREET ADDRESS 10 Edgewater Dr #9A CITY - ST - ZIP Coral Gables, FL 33143 1.4 CITY - ST - ZIP Coral Gables, FL 33133 TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 CITY - ST - ZIP TITLE Change DELETE 31 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME **4.2 NAME** STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP TITLE ☐ DELETE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE NAME 6.2 NAME -05/19/98--01038--005 ***150.00 6.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 6.4 CITY - ST - ZIP 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 annual report or supplemental annual 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 12 28 588-1867 lase(B.LOPE 5 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORIDA DEPARTMENT OF STATE