FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT ~~1994~~ 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
1995 MAY -1 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Corporation Name
CIC ADMINISTRATIVE SERVICES, INC.

DOCUMENT #
P93000036518 (7)

Mailing Address
~~1001 S BAYSHORE DR~~
~~SUITE 2000~~
~~MIAMI FL 33131~~

Principal Place of Business
~~1001 S BAYSHORE DR~~
~~SUITE 2000~~
~~MIAMI FL 33131~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address	2a. Principal Place of Business
21 888 Brickell Avenue	26 888 Brickell Avenue
Suite, Apt. #, etc. 22 5th Floor	Suite, Apt. #, etc. 27 5th Floor
City & State 23 Miami, Fl	City & State 28 Miami, FL
Zip 24 33131 — Country 25 USA	Zip 29 33131 — Country 30 USA

3. Date Incorporated or Qualified: 05/17/1993
3a. Date of Last Report: 04/26/94
4. FEI Number: 65-0444308 — Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired — $8.75 Additional Fee Required ☐
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit Exempt from $138.75 Supplemental Fee ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MURAI WALD BIONDO & MORENO PA
25 SE 2ND AVE
900 INGRAHAM BLDG
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: CIC ADMINISTRATIVE SERVICES, INC.
82 Street Address (P.O. Box Number is Not Acceptable): 888 Brickell Avenue
83 5th floor
84 City: Miami FL 85 Zip Code: 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE [signature] DATE 4/28/95

Registered Agent accepting appointment — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D/P
NAME	ORTEGA LUIS A	12 NAME	ORTEGA LUIS A.
STREET ADDRESS	~~1001 S BAYSHORE DR - SUITE 2000~~	13 STREET ADDRESS	888 Brickell Ave. 5th Floor
CITY-ST-ZIP	MIAMI FL 33131	14 CITY-ST-ZIP	Miami, FL 33131
TITLE	~~D~~	21 TITLE	~~D~~
NAME	~~GONZALEZ HUMBERTO~~	22 NAME	~~GONZALEZ HUMBERTO~~
STREET ADDRESS	~~1001 S BAYSHORE DR - SUITE 2000~~	23 STREET ADDRESS	~~888 Brickell Ave. 5th Floor~~
CITY-ST-ZIP	~~MIAMI FL 33131~~	24 CITY-ST-ZIP	~~Miami, FL 33131~~
TITLE		31 TITLE	D/V P
NAME		32 NAME	SANCHEZ MANUEL
STREET ADDRESS		33 STREET ADDRESS	888 Brickell Ave. 5th Floor
CITY-ST-ZIP		34 CITY-ST-ZIP	Miami, FL 33131
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	400001492184
NAME		52 NAME	-05/17/95 -01150 -021
STREET ADDRESS		53 STREET ADDRESS	****200.00 ****200.00
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	20A
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	5-1-95
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] — Manuel Sanchez, Vice President — 4-28-95 — (305)377-0368

Signature — Typed or Printed Name of Signing Officer or Director — Date — Daytime Phone #