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COI	ONPROFIT RPORATIO UAL REPO 1998	NC		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				FILED						
DOCUMENT # P94000006566(1)										98 MAR -3 PM 12: 09				
1. Corporation	on Name LINDA,									SECRETARY TALLAHASSE	OF ST	ATE IRIDA		
Principal Place of Business Mailing Address														
200 S. Orange Avenue 200 S. Orange Avenu Suite 2600 Suite 2600								е	i	3. Date Incorporated or Qualified 01/27/1994				
Orlan	Orlando, FL 32801 Orlando, FL 32801									4. FEI Number 59-3226903			plied For t Applicable	
2. Principal F	Place of Business 28. Mailing Address 26									5. Certificate of Status Desired		\$8.75 A		
	Apt. #, etc. Suite, Apt. #, etc.									Election Campaign Financing Trust Fund Contribution	. 🗆	\$5.00 A		
22 27 City & State City & State									7. Is this nonprofit corporation a ho					
23	28									☐ Yes 🔼 No				
Zip 24	Country Zip Country						intry	,	j	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.				
			s of Current F							10. Name and Address of New Re				
							81	Name						
701 Brickell Avenue							82	Street	Street Address (P.O. Box Number is Not Acceptable)					
Suite 3000							83					·		
Miami, FL 33131-3209							84	City				85 Zip C	odo -	
											_FL			
11. Pursuant to the provisions of 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 617.0503, Florida Statutes.														
SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE]		
12.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		FICERS AND [13.				ADDITIONS/CHANGES TO OFFIC		DIRECTORS	5 IN 12	
TITLE	PSTD				DELETÉ	1.1 T	TLE		PST	D	7	Change :	Addition	
NAME	Ferruce	ci, Ma	rk A.			1.2 NA			And	res Vidal Julia Tomas Vila, 10				
STREET ADDRESS	1209 Orange Street							ADDRESS	107014 Palma de Mallorca Spain				Į.	
CITY-ST-ZIP TITLE	Wilmington, DE 19801 1461 DELETE 21717							T - ZIP	10,0	14 faima de natione		Change	Addition	
NAME						2.2 NA				300002	448	613	3	
STREET ADDRESS	2.3 \$71						REET	address		-03/05/9801111004				
CITY+S1-ZIP					DELETE	2 4 0		T-ZIP	ļ			東米米米米		
TITLE					DELETE	3.1 7(1					L	Change	Addition	
NAME STREET ADDRESS						3.2 NA		ADDRESS	!				1	
CITY ST-ZIP						3.4. CI							1	
TITLE					DELETE	4.1 111						Change	Addition	

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with his 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 supplied 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 is the ecceiver or true tele empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed in plant attachment with an address.

4 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

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NAME

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And Andres Vidal Julia

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011 34 71 73 35 48 Daytime Phone #

☐ Change ☐ Addition

Change Addition