2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 22, 2001 8:00 am DOCUMENT # P94000090940 Secretary of State 1. Entity Name MISTY/INWOOD CORP. 03-22-2001 90036 022 ***158.75 Principal Place of Business Mailing Address 1291-A SOUTH POWERLINE ROAD 1291-A SOUTH POWERLINE ROAD OVVVVVII SUITE 325 SUITE 325 POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0635861 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RJVF CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH BISCAYNE BLVD. 41 FLOOR MIAMI FL 33131 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Change Addition TITLE TITLE Delete LESSEUR, GUILLERMO NAME NAME STREET ADDRESS STREET ADDRESS 2 SO. BISCAYNE BLVD. ONE BISCAYNE TWR.3400 CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33131** ☐ Change Addition TITLE Delete TITLE GARBATI, MARIA CLARA NAME NAME STREET ADDRESS STREET ADDRESS 555 S POMPANO PARKWY CITY-ST-7IP-CITY-ST-ZIP -POMPANO BEACH FL 33069 ☐ Addition TITLE TITLE ☐ Delete GARBATI, MARIA CLARA NAME NAME STREET ADDRESS STREET ADDRESS 555 S POMPANO PKWY CITY-ST-ZIP City-St-7IP POMPANO BEACH FL 33089 ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 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 to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP