FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jan 30, 2001 8:00 am Secretary of State DOCUMENT # P95000024317 TRIVEST EQUITIES, INC. 01-30-2001 90086 018 ***150.00 Principal Place of Business Mailing Address 2665 SOUTH BAYSHORE DRIVE 2665 SOUTH BAYSHORE DRIVE SUITE 800 SUITE 800 MIAMI FL 33133 **MIAMI FL 33133** 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 65-0577030 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CALLEJAS, MARIA C Street Address (P.O. Box Number is Not Acceptable) 2665 SOUTH BAYSHORE DRIVE SUITE 800 MIAM! FL 33133 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 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. MD Addition Change TITLE □ Delete TITLE EARL W. POWELL KACYZNSKI, WILLIAM F NAME NAME 2665 SO BAYShope Dr. St 2665 S BAYSHORE DRIVE 8TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 3313.7 CITY-ST-ZIP MIAMI FL ☐ Change Addition TITLE ☐ Delete TITLE DANIEL J. KATSIKAS 2665 SO TSHY Shope D1. Ste 800 MCDOWELL, DEREK A NAME NAME STREET ADORESS 2665 S BAYSHORE DR STE 800 STREET ADDRESS MIAMI FL33133 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL SMD Change **Addition TITLE ☐ Delete TITLE

PETER VANDENBERG DI SLESCO TEMPLETON, TROY D NAME NAME STREET ADDRESS 2665 S BAYSHORE DR STE 800 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIANI FL 33/33 MIAMI FL SMD TITLE Change ☐ Addition ☐ Delete TITLE ABBOTT, MARK A NAME NAME STREET ADORESS 2665 S BAYSHORE DR, 8TH FL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL DTS Change ☐ Addition Delete TITLE TITLE ANDERSON, B. JAY CFO NAME NAME STREET ADDRESS 2665 S BAYSHORE DR STE 800 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL AS--**⊠** Change ☐ Addition ☐ Delete TITLE TITLE RUFFWER MADILYND. SLOSOO KUFFNER, MARILYN D. NAME NAME 2665 S BAYSHORE DR STE 800 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-01

3058582200

Daytime Phone #