FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
96 MAY -1 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000028632 (4)

1. Corporation Name
THE WALDEN COMPANY

Principal Place of Business
601 BRICKELL KEY DRIVE
SUITE 805
MIAMI FL 33131

Mailing Address
601 BRICKELL KEY DRIVE
SUITE 805
MIAMI FL 33131

3. Date Incorporated or Qualified: 04/11/1995
3a. Date of Last Report: N/a

2. Principal Place of Business
21 492 N.E. 55th Street
Suite, Apt. #, etc.
22
City & State
23 Miami, Florida
Zip: 24 33137 Country: 25 U.S.A

2a. Mailing Address
26 492 N.E. 55th Street
Suite, Apt. #, etc.
27
City & State
28 Miami, Florida
Zip: 29 33137 Country: 30 U.S.A.

4. FEI Number: 65-0579133 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
ALLEN & GALEGO
601 BRICKELL KEY DRIVE
SUITE 805
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name: Alexandra Sarmiento Walden, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 492 N.E. 55th Street
83
84 City: Miami FL 85 Zip Code: 33137

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] (Alexandra Sarmiento Walden) President April 15, 1996

12. OFFICERS AND DIRECTORS

TITLE	President/Director	☐ DELETE
NAME	Alexandra Sarmiento Walden	
STREET ADDRESS	492 N.E. 55th Street	
CITY-ST-ZIP	Miami, Fla 33137	
TITLE	Vice President/Director	☐ DELETE
NAME	Wright Walden	
STREET ADDRESS	492 NE 55th Street	
CITY-ST-ZIP	Miami, Fla 33137	
TITLE	~~Treas~~ Secretary/Director	☐ DELETE
NAME	Wright Walden	
STREET ADDRESS	492 NE 55th Street	
CITY-ST-ZIP	Miami, Fla 33137	
TITLE	Treasurer/Director	☐ DELETE
NAME	Alexandra Sarmiento Walden	
STREET ADDRESS	492 Northeast 55th St.	
CITY-ST-ZIP	Miami, Fla 33137	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	600001821316	
2.2 NAME	-05/14/96--01131--014	
2.3 STREET ADDRESS	****200.00 ****200.00	
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS	a.a. 5-1-96	
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] (Alexandra Sarmiento Walden) President 4/15/96 (305) 536-6544 x 3091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #