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

DOCUMENT # P95000033665 (7)

1. Corporation Name
TIMBERCASTLE, INC.

Principal Place of Business
4675 PONCE DE LEON BLVD
SUITE 305
CORAL GABLES FL 33146

Mailing Address
4675 PONCE DE LEON BLVD
SUITE 305
CORAL GABLES FL 33146

3. Date Incorporated or Qualified: 04/25/1995
3a. Date of Last Report: N/A

4. FEI Number: 65-0587609 — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 ____
Suite, Apt. #, etc
22 ____
City & State
23 ____
Zip 24 ____ Country 25 ____

2a. Mailing Address
26 ____
Suite, Apt. #, etc.
27 ____
City & State
28 ____
Zip 29 ____ Country 30 ____

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**

DUNWODY, W. E. III
4675 PONCE DE LEON BLVD
SUITE 305
CORAL GABLES FL 33146

10. **Name and Address of New Registered Agent**

81 Name: PATRICIO SILVA
82 Street Address (P.O. Box Number is Not Acceptable): 48 E. FLAGLER ST., SUITE 368
83
84 City: MIAMI FL
85 Zip Code: 33131

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] — Date: 05/20/96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	HERNANDEZ, ANGEL F	
STREET ADDRESS	P O BOX 14080 N/A	
CITY-ST-ZIP	CARACAS 1011A VENEZUELA	
TITLE	D	☐ DELETE
NAME	CASTRO, RUBEN E	
STREET ADDRESS	LAS TRINITARIAS APT A55	
CITY-ST-ZIP	URB SANTA FE NORTE VENEZUELA	
TITLE	D	☐ DELETE
NAME	DE HERNANDEZ, MARISELA S	
STREET ADDRESS	P O BOX 14080 N/A	
CITY-ST-ZIP	CARACAS 1011-A VENEZUELA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	D, P	☒ Change ☐ Addition
1.2 NAME	HERNANDEZ, ANGEL F	
1.3 STREET ADDRESS	RES. SERRANIA, APT. 3A RAZAS DEL AVILA	
1.4 CITY-ST-ZIP	CARACAS, VENEZUELA	
2.1 TITLE	D, S	☒ Change ☐ Addition
2.2 NAME	CASTRO, RUBEN E	
2.3 STREET ADDRESS	LAS TRINITARIAS APT A55	
2.4 CITY-ST-ZIP	URB SANTA FE NORTE VENEZUELA	
3.1 TITLE	D, VP	☒ Change ☐ Addition
3.2 NAME	DE HERNANDEZ, MARISELA S	
3.3 STREET ADDRESS	RES. SERRANIA, APT. 3A, RAZAS DEL AVILA	
3.4 CITY-ST-ZIP	CARACAS VENEZUELA	
4.1 TITLE	T	☐ Change ☒ Addition
4.2 NAME	PATRICIO SILVA	
4.3 STREET ADDRESS	2105 BRICKELL AVE. APT. 212	
4.4 CITY-ST-ZIP	MIAMI FL. 33129	
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		
6.4 CITY-ST-ZIP		

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***225.00

6-20-96

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] — 05/20/96 — (305) 5790112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PATRICIO SILVA