2000 UNIFORM BUSINESS REPORT (UBR) FILED P96000003218 **DOCUMENT #** Jun 05, 2000 8:00 am 1. Entity Name TPG Holdings, Inc. Secretary of State 06-05-2000 90049 018 \*\*\*558.75 Principal Place of Business Mailing Address 1401 Brickell Avenue Same Suite 400 Miami, Florida 33131 2. Principal Place of Business 3. Mailing Address 1401 Brickell Avenue Same -Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 400 City & State City & State 4. FEI Number Applied For Miami, Florida Not Applicable 65-0642511 Country \$8.75 Additional 5. Certificate of Status Desired 33131 Dade 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Alvaro Castillo B., Esquire Street Address (P.O. Box Number is Not Acceptable) 1390 Brickell Avenue, Suite 200 Miapri, Florida 33131 Zip Code 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. 5-25-00 Signature, typed or printed name of registered agent and title if applicab (NOTE: Registered Agent signature required when reinstating) FILE NOWIII FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550,00 Make Check Payable to Department of State \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE CDS ·CD Francisco Farias Francisco | Farias 1401 Brickell Avenue, Suite 400 1401 Brickell Avenue, Suite 400 STREET ADDRESS STREET ADDRESS Miami, Florida 33131 Miami, Florida 33131 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE PD TITLE ☐ Defete Oilda Hernandez NAME NAME 1401 Brickell Avenue, Suite 400 STREET ADORESS STREET ADDRESS Miami, Florida 33131 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TD☐ Change TITLE ☐ Delete José E. Garanton NAME NAME 1401 Brickell Avenue. Suite 400 STREET ADDRESS STREET ADDRESS Miami, Florida 33131 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete NAME NAME-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IHLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this fiting 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

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 eath; that I am an efficer 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:

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF TRECTO

oilda Hernandez, Pres. 5-25-00 (305) 374-5544

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