2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURE:

## FILED **DOCUMENT # P96000007965** 05 JUL 13 AM 9: 06 FIRST BANK OF MIAMI SEUNE JAKY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 2317 PONCE DE LEON BLVD. 2317 PONCE DE LEON BLVD. CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06302005 CR2E034 (10/03) Chg-P Applied For City & State City & State 4. FEI Number 65-0658480 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION COMPANY OF MIAMI Street Address (P.O. Box Number is Not Acceptable) 201 S. BISCAYNE BLD. #1600(BB) MIAMI, FL 33131 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition TITLE ΠP ☐ Delete ПΠЕ TRIAY, JORGE NAME 2317 PONCE DE LEON BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP ☐ Change ☐ Addition D Delete TITLE TITLE CRUZ, ISRAEL NAME NAME 13215 SW 9 TERRACE STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIF MIAMI, FL 33184 T Addition TITLE ☐ Delete TITLE LOPEZ, MANUEL D NAME NAME STREET ADDRESS 1861 SW 75 AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33155 Change ☐ Addition ☐ Delete TITLE TITLE WHITCOMB, CHARLES NAME NAME STREET ADDRESS STREET ADDRESS 2112 BRICKELL AVE. CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33129 ☐ Addition ☐ Change TITLE ☐ Delete TILE RODRIGUEZ, RENE NAME NAME 10395 NW 46 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33178 ☐ Change Addition ☐ Delete TITLE TITLE GARCIA, RAUL R NAME 2317 PONCE DE LEON BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 12. 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 10 or Block 11 if th all other like empow changed, or on an attachment NAVEL LOPEZ

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



July 7, 2005

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Please amend our current Annual Report to add the following name to our list of Officers and Directors:

Title:

D

Name:

Picciotto, Rene De

Address:

2317 Ponce de Leon Blvd. Coral Gables, FL 33134

Thank you,

Manuel Lopez

Senior Vice President