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PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000022827 (5)

FILED Apr 22 1998 8:00am Secretary of State

VENTURA LATIN AMERICA, INC. Principal Place of Business Mailing Address 210 OSCEOLA WAY 210 OSCEOLA WAY PALM BEACH FL 33840 PALM BEACH FL 33840 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/13/1996 2. Principal Place of Business 2a, Mailing Address Applied For Not Applicable 21 26 65-0651049 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing П 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes □ No 24 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ANGELL CORPORATE SERVICES, INC. 250 ROYAL PALM WAY 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 300 83 PALM BEACH FL 33840 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.05.02 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, typed or printed name of rejustered agent and life if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 12. 13. DELETE TITLE 1.1 TITLE Change Addition NAME COLE, MATTHEW E 1.2 NAMI 210 OSCEOLA WAY STREET ADDRESS 1.3 STREET ADDRESS CITY - ST-ZIP PALM BEACH FL 33480 1.4 CITY - ST- ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-\$1-ZIP DELETE Change Addition TITLE 6 1 TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby 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 annual report or supplied until 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 region of the 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 or an accurate and that my name appears in Block 12 or Block 13 if changed, or or an accurate and that my name appears in Block 12 or Block 13 if changed, or or an accurate and that my name appears in Block 12 or Block 13 if changed, or or an accurate and that my name appears in Block 12 or Block 13 if changed, or or an accurate and that my name appears in Block 12 or Block 13 if changed in the same legal effect as if made under oath, that I am an officer or director of the corporation or the region of the corporation of the corporation or the region of the corporation or the region of the corporation or the region of the corporation of the corporation of the corporation of the region of the corporation of the region of the region of the corporation of the region of the