FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT Jul 07 1998 8:00am FLORIDA DEPARTMENT CE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1**9**98 DIVISION OF CORPORATIONS DOCUMENT # 19600066112 KEY PRIME HOLDINGS CORP. Principal Place of Business Mailing Address 1925 BRICKELL AVE 1925 BRICKELL AVE STE D-206 STE D-206 MIAMI FL 33129 MIAMI FL 33129 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. 30 ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BESU, ROGER 81 Name 1925 BRICKELL AVE 82 Street Address (P.O. Box Number is Not Acceptable) STE **D**-206 83 MIAMI FL 33129 84 City Zip Code 85 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, 80ch of pinge 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 17.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 1.1 TITLE Change Addition RIOS - VAQUERO, FRANCISCO NAME P 1.2 NAME 1925 BRICKELL AVE SUITE D206 STREET ADDRESS 1.3 STREET ADDRESS MIAMI, FLA. 33129 CITY-ST-ZIP 1.4 CITY - S1 - ZIP TITLE DELETE 2.1 THE VP/T NAME 2.2 NAME PARRA-GIL, JOSE STREET ADDRES 2.3 STREET ADDRESS 1925 BRICKELL AVENUE SUITE D206 CITY-ST-ZIP 2.4 CITY-ST-ZIP 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change ☐ DELETE 51 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Change DELETE 6 1 11TLE TITLE 200002583852 -07/09/38--01010--044 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS ***150<u>.00</u> 14. 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 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 of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapted, or or an attach until with an address

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