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

SIGNATURE:

**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B: Mortham ANNUAL REPORT Secretary of State FILED 1997 DIVISION OF CORPORATIONS DOCUMENT # P96000078765 97 JUN 27 PM 1: 18 SECRETARY OF STATE RODF, INC. TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 5818 Fox HOLLOW DR #A SAME BOCA RATON, FL 33486 3. Date Incorporated or Qualified 09 | 23 | 96 3a. Date of Last Report 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0698013 SAME AS ABOVE SAME AS ABOUT Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State Cily & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name RODRIGO FORERO Street Address (P.O. Box Number is Not Acceptable) 5818 FOX HOLLOW DR. #A 83 BOCA RATON, FL 33486 84 City 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, lyped or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 1.1 TITLE Change Addition TITLE Rodrigo Forero 1.2 NAME NAME 5818 FOX HOLLOW DE. #A STREET ADDRESS 1.3 STREET ADDRESS BOCA RATON, FL 33486 CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ Change ☐ Addilion 900002227289—3 -07/01/97--01008--022 DELETE 21 TULE TITLE 22 NAME NAME 23 STREET ADDRESS STREET ADDRESS \*\*\*\*185.00 \*\*\*\*185.00 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE 3.2 NAME NAME STREET ADDRESS 33 STREET ADDRESS 3 4. CITY-ST-7/P CITY-ST ZIP Addition DELETÉ Change THILE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 C/TY - \$1 - ZIP DELETE Change Addition TITLE 51 TITLE 52 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Addition 6.1 TITLE TITLE 62 NAME NAME STREET ADDRESS 63 STREET ADDRESS 6.4 CITY - ST - ZIP City-ST-ZIP 14. I do 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 furnise 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.

Robrigo Forzeo