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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600088088

ALEJANDRO BRAND (U.S.A.) INC

Principal Place of Business

Mailing Address

4134 GULFOF MEXICO DR

| SUITE 3 | 02 | | |
|---------|--------|----|-------|
| LongBoa | r Key, | FL | 34228 |
| | | | |

| LONGBOAT KEY, FL 34228 | | | | 3. Date Incorporated or Qualified 3a. Date of Last Report | | | | |
|------------------------|-----------------------------|----------------------|------------|---|-----------------------------------|--|--|--|
| | | | | OCT 25/96 NA | | | | |
| 2. | Principal Place of Business | 2a. Mairing Address | | 4. FEI Number Applied Fo | or | | | |
| ı | | 26 | | 65-0755074 Not Applie | able | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired See Required | \$8.75 Additional Fee Required | | | |
|] | City & State | City & State | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | · | | | |
| | Zip Country 25 | Zip 30 | Country | B. This corporation has liability for intangible tax under s. 199.03. Florida Statutes ☐ Yes ☐ No | 2, | | | |
| | 9. Name and Address of Curr | ent Registered Agent | | 10. Name and Address of New Registered Agent | | | | |
| | | | 81 Name AL | LEJANDRO BRAND | | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) 4134 GULF OF MEXICO DR 83 SULTE 302 | | | | |
| | | | 83 | | | | | |
| | | | 84 City . | 85 | | | | |

-ONGBOAT 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, and accept the obligations of Section 607 0505. Florida Statutes

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| Classification of property and the itemptonic ANOTE | LEJANDR | O BRAND, PRESIDENT | <u>୦୫(३</u> | .1197 |
| | 13. | | DOIRECTOR | RS IN 12 |
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| | 3 2 NAME | | | |
| | 3 3 STREET ADDRESS | | | |
| | 3.4. CITY - ST - ZIP | | | |
| DELETE | 4.1 TITLE | | Change | Addition |
| | 4. 2 NAME | | | |
| | 4.3 STREET ADDRESS | | | |
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| DELETE | 5 1 TITLE | | Change | Addition |
| | 52 NAME | | | ļ |
| | 53 STREET ADDRESS | | | |
| | 5.4 CITY - ST - ZIP | | | |
| ☐ DELETE | 6.1 TITLE | \ | Change | Addition |
| | 6.2 NAME | 1914/26 | | |
| | 6.3 STREET ADDRESS | Parol | | |
| | 6.4 CITY - ST - ZIP | | | |
| | Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS TRESIDENT HISTORICO BRAND LIBLETE HISTORICO BRAND STC 3002, LONGSONT THE FLAGS DELETE DELETE DELETE DELETE | 13. | DELETE D | Signature, typed on printed name of regoletical applications NOTE Registrand Agent liginature required when reinstalling DATE |

page to white this many does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the port is true and accurate and that my signature shall have the same logal effect as if made under oath, that realising or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name inged, or on an attachment with an address. I am an officer or director of the appears in Block 12 or Block 13

APPROVED

97 AUG 25 AM 7: 53

SECRETARY OF STATE TALLAHASSEE, FLORIDA