FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 14, 2002 8:00 am § Secretary of State P97000012092 DOCUMENT # 1. Entity Name CCB CORPORATION 05-14-2002 90057 014 ***150 00 Principal Place of Business Mailing Address 2600 SW 3RD AVE., STE, 730 2600 SW 3RD AVE., STE. 730 MIAM! FL 33129 MIAMI FL 33129 2. Principal Place of Business 3. Mailing Address 247 SW & Street 247 SW 8 Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 261 261 City & State City & State 4. FEI Number Applied For Miami 65-0740929 Miami Not Applicable Zip Country Country \$8.75 Additional 3313U 5. Certificate of Status Desired П 33130 Fee Required 6. Name and Address of Current Registered Agent ≥7.::Name and Address of New Registered Agent. —. Name Barrera, Miguel A BARRERA, MIGUEL A Street Address (P.O. Box Number is Not Acceptable) 2501 Brickell Av +1103 2600 SW 3RD AVE., STE. 730 **MIAMI FL 33149** Zip Code 33129 Miami 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. SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete same. TITLE ☐ Addition BARRERA, MIGUEL A NAME NAME 2501 Brickell AV \$1103 STREET ADDRESS 141 CRANDON BLVD #446 STREET ADDRESS CITY-ST-7IP **KEY BISCAYNE FL 33149** Miami, FL 33129 CITY-ST-7IP TITLE same ☐ Delete TITLE Change ☐ Addition NAME BARRERA, MARITZA L Same NAME 2501 Brickell Av \$1103 STREET ADDRESS 141 CRANDON BLVD #446 STREET ADDRESS CITY-ST-ZIP **KEY BISCAYNE FL 33149** CITY-ST-ZIP MIAMI, FL 33129 Delete, TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR