2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P97000035480** Apr 13, 2000 8:00 am Secretary of State BAROLO CORPORATE, INC. 04-13-2000 90026 010 ***158.75 Principal Place of Business Mailing Address 5600 COLLINS AVE 5600 COLLINS AVE STE 6K STE 6K MIAMI BEACH FL 33140-2406 MIAMI BEACH FL 33140 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0755445 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired 🔭 🔀 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BALBUDO, JORGE LUIS Street Address (P.O. Box Number is Not Acceptable) 5600 COLLINS AVE STE 6K MIAMI BEACH FL 33140 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Delete TITLE TITLE BALBUDO, JORGE LUIS NAME NAME STREET ADDRESS STREET ADDRESS 5600 COLLINS AVE., STR 6K CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 suppliemental 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 eceiver of 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE: .

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

Jorge L. Balbudo

Delete

4-7-00

305 ·867 ·9895

Change

Addition

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR