2004 FOR PROFIT CORPORATION

May 03, 2004 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P98000000408 05-03-2004 90701 045 ***150.00 1. Entity Name TRINIDAD Y HERMANO, S.A., INC. Principal Place of Business Mailing Address 11261 SOUTHWEST 184TH STREET 11261 SOUTHWEST 184TH STREET MIAMI, FL 33157 MIAMI, FL 33157 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04292004 CR2E034 (10/03) Chg-P City & State City & State 4 FEI Number 20-057 8 Applied For Rot Applicable NOT APPLICABLE Zip .: Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TRIBUCH, KENNETH H ESQ. Street Address (P.O. Box Number is Not Acceptable) 2100 CORAL WAY STE. 403 MIAMI, FL 33145 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed riame of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change Addition TITLE ☐ Delete TITLE MESANA-TRINIDAD, ESTELA G NAME NAME STREET ADDRESS 11261 SOUTHWEST 184TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33157 CITY-ST-ZIP TITLE ☐ Delete Change Addition TITLE NAME TRINIDAD, DIEGO T NAME STREET ADDRESS 11261 SOUTHWEST 184TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33157 Delete -Change --- Addition-TITLE TITLE= NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Addition ☐ Delete TITLE

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME STREET ADDRESS

CITY-ST-ZIP

FILED