2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000013167 Jun 29, 2000 8:00 am 1. Entity Name Secretary of State ILIC CORPORATION 06-29-2000 90653 006 ***150.00 Principal Place of Business Mailing Address C/O JAN CARSON CHEEZEM C/O JAN CARSON CHEEZEM 200 SOUTH BISCAYNE BLVD 20TH FLOOR 200 SOUTH BISCAYNE BLVD 20TH FLOOR MIAMI FL 33131-2310 MIAMI FL 33131-2310 3. Mailing Address 2. Principal Place of Business 398 ISLA DORADA BLUD 398 ISLA DORADA BLUD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0814579 CORAL Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33143 USA U-S. A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROSSZ FIU CORPORATION Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH BISCAYNE BLVD 20TH FLOOR MIAMI FL 33131-2310 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 -9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition D ☐ Delete TITLE TITLE CHAPUIS HENRI 308 ISLA DORADA BLVD. CHAPUIS, HENRI NAME NAME 200 SOUTH BISCAYNE BLVD 20TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-709 MIAMI FL 33131-2310 CITY-ST-ZIP Delete ☐ Addition TITLE CHAPUIS, HENRI NAME 200 SOUTH BISCAYNE BLVD 20TH FLOOR-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131-2310 Addition Change ☐ Delete TITLE JACQUELINE MARIN CHAPUIS NAME NAME 398 ISLA DORADA BLID. STREET ADDRESS STREET ADDRESS CORAL GABLES, FL 33143 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHAPOIS

Date

Date

06/21/00 305-740004