05191999-90011-009-$600.00-$150.00

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May 19, 1999 8:00 am
Secretary of State

05-19-1999 90011 009 ***600.00

PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000028364

1. Corporation Name
Blue Triton Corp.
c/o Zuckerman Spaeder Taylor et al
201 S. Biscayne Blvd., Suite 900
Miami, Florida 33131

Principal Place of Business
201 S BISCAYNE BLVD. STE 900
MIAMI FL 33131

Mailing Address
201 S BISCAYNE BLVD. STE 900
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
03/26/98

4. FEI Number 65-0851730 — Applied For / Not Applicable

5. Certifcate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
2 S. Biscayne Blvd.
Suite, Apt. #, etc.
Suite 3400
City & State
Miami, Florida
Zip 33131 Country 25 USA

2a. Mailing Address
26 2 S. Biscayne Blvd.
Suite, Apt. #, etc.
27 Suite 3400
City & State
28 Miami, Florida
Zip 29 33131 Country 30 USA

9. Name and Address of Current Registered Agent
Michael S. Greene
c/o Zuckerman Spaeder Taylor et al
201 S BISCAYNE BLVD, STE 900
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name Valdes-Fauli Corporate Services, Inc.
82 Street Address (P.O. Box Number is Not Acceptable) 2 South Biscayne Blvd., Suite 3400
83
84 City Miami FL 85 Zip Code 33131

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. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Guillermo J. Fauli Jimenez, Vice President
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	GREENE, MICHAEL STEVEN	
STREET ADDRESS	201 S BISCAYNE BLVD, STE 900	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	Pankow, Gerald	
1.3 STREET ADDRESS	16400 Collins Avenue	
1.4 CITY-ST-ZIP	Miami Beach, Florida 33160	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	Kleikamp, Gerti	
2.3 STREET ADDRESS	16400 Collins Avenue	
2.4 CITY-ST-ZIP	Miami Beach, Florida33160	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2F034 (11/98)

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 annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 4/26/99 — Daytime Phone # 305 4/384-7000