2003 FOR PROFIT CORPORATION

FILED Mar 24, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P98000029077 DOCUMENT # 1. Entity Name 03-24-2003 90194 036 ***158.75 INTERCONTINENTAL PROPERTY INVESTMENT, INC. Principal Place of Business Mailing Address 201 S BISCAYNE BLVD 201 S BISCAYNE BLVD 60014715 SUITE 3400 MIAMI CENTER SUITE 3400 MIAMI CENTER MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0871560 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Group Corporate Services, LLC MIDDELTHON JR, WILLIAM R 201 S BISCAYNE BLVD **SUITE 3400** 3400 **MIAMI FL 33131** Z 373 1 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 e required when reinstating) ţ, FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITI F ☐ Delete TITLE ☐ Addition ☐ Change **BLAVIA, MIREYA** NAME NAME 201 SOUTH BISCAYNE BLVD SUITE 3400 STREET ADDRESS STREET ADDRESS MIAMI FL 33131 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DACASTIGLIONE, MAYRA C NAME STREET ADDRESS 201 SOUTH BISCAYNE BLVD SUITE 3400 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-7/P TITLE Delete - -Jeonale Parental -TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

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12. I hereby certify that the information supplied with his filling 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 feport 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.

Daytime Phone #

CITY-ST-7IP

SIGNATURE: