2000 UNIFORM BUSINESS REPORT (UBR) DDCUMENT # P98000101179 May 06, 2000 8:00 am Secretary of State ROCHFORD OVERSEAS INC 05-06-2000 90206 001 ***900.00 Principal Place of Business Mailing Address 1200 BRICKELL AVE 1200 BRICKELL AVE STE 900 STE 900 Tenara Tenat MIAMI FL 33131-3255 MIAMI FL 33131 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0879418 Not Applicable \$8.75 Additional Zip Country 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 AGIM REGISTERD AGENTS, INC Street Address (P.O. Box Number is Not Acceptable) 1200 BRICKELL AVE STE 900 MIAMI FL 33131 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 10. Election Campaign Financing \$5.00 May Be 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 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition ☐ Delete TITLE TITLE FOGACA DE AGUIAR, ANA L G NAME STREET ADDRESS STREET ADDRESS 9 COCONUT LANE GRAND BAY VILLAS CITY-ST-ZIP CITY-ST-ZIP **KEY BISCAYNE FL 33149** ☐ Addition Change ☐ Defete TITLE FOGACA DE AGUIAR, SEBASTIAO NAME NAME STREET ADDRESS 9 COCONUT LAND GRAND BAY VILLAS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **KEY BISCAYNE FL 33149** Change ☐ Addition ☐ Delete TITI E TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete 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 ☐ Addition Change ☐ Delete . TITLE TITI F NAME STREET ADDRESS STREFT ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRISTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-00

305 416 6800

Daytime Phone #