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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P98000101600

1. Corporation Name
BRICKELL BAY CONVENTION AND TRADE CENTER, INC.

Principal Place of Business	Mailing Address
300 BISCAYNE BLVD. WAY. #916 MIAMI FL 33131	300 BISCAYNE BLVD. WAY. #916 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 801-BRICKELL BAY DRIVE	2a. Mailing Address 26 801-BRICKELL BAY DR
Suite, Apt. #, etc. 22 BOX 3	Suite, Apt. #, etc. 27 BOX #3
City & State 23 MIA-FL U.S.A	City & State 28 MIAMI - FLORIDA
Zip / Country 24 33131 25 USA	Zip / Country 29 33131 30 U.S.A

3. Date Incorporated or Qualified: 12/01/1998
4. FEI Number: 65-0902405 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RAMOS, FLAVIO 300 BISCAYNE BLVD., S-916 MIAMI FL 33131	81 Name: BRICKELL BAY CONV. AND TRADE CENTER 82 Street Address (P.O. Box Number is Not Acceptable): 801-BRICKELL BAY DR #3 83 C/O FLAVIO RAMOS 84 City: MIAMI FL 85 Zip Code: 33131

11. 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: [signature] April 28/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	VD	☐ Change ☒ Addition
NAME	RAMOS, FLAVIO		1.2 NAME	JUAN CARLOS ORTIZ	
STREET ADDRESS	300 BISCAYNE BLVD., S-916		1.3 STREET ADDRESS	999 BRICKELL BAY DR #711	
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY-ST-ZIP	MIAMI-FL-33131	
TITLE	VD	☐ DELETE	2.1 TITLE	S	☒ Change ☐ Addition
NAME	MORA, PEDRO		2.2 NAME		
STREET ADDRESS	300 BISCAYNE BLVD., S-916		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI-FL-33131		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SANTOS, MARIA		3.2 NAME		
STREET ADDRESS	300 BISCAYNE BLVD., S-916		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		3.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HARTKE, ALEXANDRA		4.2 NAME		
STREET ADDRESS	300 BISCAYNE BLVD., S-916		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — April 28/99 — (305) 372-1060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #