2000 UNIFORM BUSINESS REPORT (UBR) FILED P99-000019879 DOC@MENT # Apr 25, 2000 8:00 am 1. Entity Name **Secretary of State** OROCAFE USA, INC. 04-25-2000 90002 024 ***150.00 Principal Place of Business Mailing Address 848 Brickell Avenue Suite 830 Miami, Florida 33131 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. . Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Not Applicable 65-0898344 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Miguel A. Martin, Esq. Street Address (P.O. Box Number is Not Acceptable) M. A. Martin & Associates, P.A. 848 Brickell Avenue, Suite 830 Miami, Florida 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change Addition Delete THIE NAME NAME Perez - Albert, Carlos STREET ADDRESS STREET ADDRESS 848 Brickell Avenue, Suite 830 CITY-ST-ZIP CITY-ST-ZIP Miami, Florida 33131 TITLE Change Addition ☐ Delete TITLE **VP** NAME NAME Mills, Brad STREET ADDRESS STREET ADDRESS 848 Brickell Avenue, Suite 830 CITY-ST-ZIP CITY - ST-7IP Miami, Florida 33131 Change ☐ Addition TITI F HILE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ 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-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TIFLE NAME NAME STREET ADDRESS STREE1 ADDRESS CITY-ST-ZIP CITY-SI-7IP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with

SIGNATURE:

Carbs Percz-Albert