'2090 UNIFORM BUSINESS REPORT (UBR) FILED Sep 13, 2000 8:00 am Secretary of State OCUMENT # P99000060569 TEC-PAR TECHNOLOGY INVESTMENT PARTNERS, INC. 09-13-2000 90014 029 ***550.00 Mailing Address ilincipal Place of Business 520 Brickell Key Drive, Ste 0-305 520 Brickell Key Dr. Miami, FL 33131 Suite 0-305 Miami, FL 33131 A0077172 3. Mailing Address Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Numbe Not Applicable Zip Country \$8.75 Additional 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 Lance Geller Raul J. Sanchez de Varona Street Address (P.O. Box Number is Not Acceptable) 520 Brickell Key Drive, 145 Madeira Avenue, Suite 310 Coral Gables, Florida 33134 City Zip Code FL Miami -submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/99) Addition ☐ Change Delete NAME Sergio Pereira da Rocha STREET ADDRESS · ADDDI ČČ 520 Brickell Key Dr., Ste 0-305 CITY-ST-ZIP ST ZIP Miami, FL 33131 Addition Change ☐ Delete NAME Miguel Timponi STREET ADDRESS 520 Brickell Key Dr., Ste.0-305 CITY-ST-ZIP ST_ZIP Miami, FL 33131 ☐ Addition ☐ Delete NAME Francis J. Costello STREET ADDRESS 10072144 CITY-ST-ZIP 520 Brickell Key Dr., Ste 0-305 ST-ZIP Miami, FL 33131 ☐ Change ☐ Addition ☐ Delete TITLE NAME KINNI OS James Rubio Jr. STREET ADDRESS CITY-ST-7IP ST ZIP 520 Brickell Key Dr., Ste 0-305 Addition Change Miami, FL 33131 TITLE ☐ Delete NAME STREET ADDRESS ADDDLCC ST ZIP CITY-ST-ZIP Change noifibbA 1 ☐ Delete STREET ADDRESS CITY-ST-ZIP ST-ZIP 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 by 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 his 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.

trancis Costello

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

::INATURE: