2001 UNIFORM BUSINESS REPORT (UBR) FILED May 07, 2001 8:00 am Secretary of State DOCUMENT # P99000098628 1. Entity Name TCM EUROPEAN FOOD & WINE CORP. 05-07-2001 90050 034 ***150.00 Mailing Address Principal Place of Business 7003 N WATERWAYS DR 7003 N WATERWAYS DR 209 MIAMI FL 33155 MIAMI FL 33155 US US 3.-Mailing Address -2.=Principal-Place of Business-2808 NW 112 Ave 2808 N V DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0960909 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired SA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DHERS, HORACIO C Street Address (P.O. Box Number is Not Acceptable) 9407 FOUNTAINBLEAU BLVD. **UNIT 103 MIAMI FL 33172** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable. 10. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible, \$5.00 May Be After MAY-1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE DHERS, HOIDCIO DHORS, HORACIO C NAME NAME 2808 WW- 112 0 STREET ADDRESS STREET ADDRESS 7003 NORTH WATERWAYS DR 209 CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33155** Change ☐ Addition ☐ Delete TITLE TITLE GAONA, CARLOS H NAME NAME 2808 HW 1126~C 7003 NORTH WATERWAYS DR 209 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP M, - 4, FL 33:72 CITY-ST-ZIP **MIAMI FL 33155** Change ☐ Addition Delete TITLE NAME **GUITIOU, JOSE M** NAME 7003 NORTH WATERWAYS DR 209 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33155** Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the

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.

SIGNATURE:

HORACIO C. DIHERS VRESINA
MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

042701

305-470-0011

- Daytim