2000 UNIFORM BUSINESS REPORT (UBR) May 16, 2001 8:00 am Secretary of State DOCUMENT # P99000103801 1. Entity Name 05-16-2001 90386 009 ***150 00 BON REAL ESTATE INVESTMENTS, INC. Principal Place of Business Mailing Address 4 Ave 15-33, Z14 UUUD/432 4 Ave 15-33, Z14 Guatemala City, Guatemala City, Guatemala Guatemala OC. 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65-1028695 City & State City & State Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZAMORA, ALEJANDRO Street Address (P.O. Box Number is Not Acceptable) 1298 Northwest 10 Avenue Miami, Florida 33136 City 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 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 OFFICERS AND DIRECTORS 12. Change Addition ☐ Delete PTD Name correction: HOFFENS, JOSE B 4 Ave 15-33, Z14 NAME JOSE H BONIFASI STREET ADDRESS CITY-ST-ZIP

11. TITLE NAME STREET ADDRESS CITY-ST-ZIP Guatemala City Guatemala VSD TITLE ☐ Change Addition ☐ Delete TITLE Name correction: BIANCHI, RODRIGO B NAME NAME RODRIGO B BONIFASI 4 Ave 15-33, Z14 Guatemala City Guatemala STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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

1-25-200/ (502)368-0956
Date Date Daytime Phone #