SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S46166** **(2)**

1. Corporation Name

WINDOW TO THE SEA, INC.

Principal Place of Business	Mailing Address
~~100 SE 2ND ST~~ ~~17TH FLOOR~~ ~~MIAMI FL 33131-1101~~ ~~US~~	~~100 SE 2ND ST~~ ~~17TH FLOOR~~ ~~MIAMI FL 33131-1101~~ ~~US~~

3. Date Incorporated or Qualified: 04/18/1991
3a. Date of Last Report: 07/13/1995

2. Principal Place of Business
21: 400 S. Pointe Dr.
Suite, Apt. #, etc. 22: No. 1701
City & State 23: Miami Beach FL
Zip 24: 33139 Country 25: USA

2a. Mailing Address
26: c/o Michael J. Liberatore
801 Brickell Ave.
Suite, Apt. #, etc. 27: Suite 929
City & State 28: Miami FL
Zip 29: 33131 Country 30: USA

4. FEI Number: 65-0268272 ☐ Applied For ☐ Not Applicable

5. Certificate 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~FRIEDHOFF, JOHN H~~
~~100 SE SECOND ST 17TH FLOOR~~
~~11TH FLOOR~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name: Michael J. Liberatore
82 Street Address (P.O. Box Number is Not Acceptable): 801 Brickell Avenue
83: Suite 929
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: Michael J. Liberatore — Michael J. Liberatore — 8/2/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	~~DP6~~	☒ DELETE
NAME	~~HERREROS, J.~~	
STREET ADDRESS	~~100 SE 2ND STREET 17TH FLOOR~~	
CITY-ST-ZIP	~~MIAMI FL~~	
TITLE	~~VPT~~	☒ DELETE
NAME	~~HERREROS, J.~~	
STREET ADDRESS	~~100 SE 2ND STREET, 17TH FLOOR~~	
CITY-ST-ZIP	~~MIAMI FL~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	☐ Change ☒ Addition
1.2 NAME	Anna Maria de Souza Dantas	
1.3 STREET ADDRESS	400 S. Pointe Dr. #1701	
1.4 CITY-ST-ZIP	Miami Beach FL 33139	
2.1 TITLE	D/S	☐ Change ☒ Addition
2.2 NAME	Joao Luiz de Souza Dantas	
2.3 STREET ADDRESS	400 S. Pointe Dr., #1701	
2.4 CITY-ST-ZIP	Miami Beach FL 33139	
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	Camilla de Souza Dantas Herreros	
3.3 STREET ADDRESS	400 S. Pointe Dr., #1701	
3.4 CITY-ST-ZIP	Miami Beach FL 33139	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Anna Maria de Souza Dantas — 7/31/96 — c/o (305) 374-2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

ANNA MARIA DE SOUZA DANTAS, President

0039227 CP