2000 UNIFORM BUSINESS REPORT (UBR) FILED May 04, 2000 8:00 am Secretary of State **DOCUMENT # \$46494** 1. Entity Name J.R. GROUP, INC. 05-04-2000 90095 027 ***150.00 Mailing Address Principal Place of Business ONE SOUTHEAST THIRD AVENUE ONE SOUTHEAST THIRD AVENUE 2200 SUNTRUST CENTER 2200 SUNTRUST CENTER MIAMI FL 33131-1700 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0255301 Not Applicable Zip Country Zip 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 MACAULEY, ROBERT B. Street Address (P.O. Box Number is Not Acceptable) MITRANI, RYNOR, ADAMSKY, MACAULAY & ZORRIL ONE SOUTHEAST THIRD AVENUE #2200 MIAMI FL 33131 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 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees 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. Addition DPS Change Delete TITLE TITLE ROSENKRANTZ, JOSE NAME NAME STREET ADDRESS ONE SOUTHEAST THIRD AVENUE #2200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 Change ☐ Addition AS ☐ Delete TITLE TITLE MACAULAY, ROBERT NAME NAME STREET ADDRESS ONE SOUTHEAST THIRD AVENUE #2200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Change □ Addition ☐ Delete TITLE 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 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OPISIGNING OFFICER OR DIRECTOR

4/27/00

305-358-4200

Daytime Phone #