1. Corporation Name



HUTCHINSON ISLAND/OCEAN INVESTMENTS, INC.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 05, 1999 8:00 am Secretary of State

05-05-1999 90032 033 ***150.00

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Principal Place	e of Rusiness	Mailing Address					
Principal Place of Business Mailing Address 601 BRICKELL KEY DRIVE 601 BRICKELL KEY DRIVE							
705	KET DRIVE	705					
MIAMI FL 33131 MIAMI FL 33131					DO NOT WRITE IN THIS SPACE		
US US					3. Date Incorporated or Qualifed		1
					08/06/1991		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	olied For
21	•	26			65-0278222		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A Fee Red	I .
22		27			<u> </u>		
City & State	e	City & State			6. Election Campaign Financing	\$5.00 i Added to	
23	Country	28	Count	n,	Trust Fund Contribution		rees
Zip	Country	Zip	7	ıy	 This corporation owes the current year Personal Property Tax. 	Intangible ☐ Yes	Ľ-No
24	9. Name and Address of Current	29 30	\vdash		10. Name and Address of New Register		
	9. Name and Address of Current	Vedistated Adent		1 Name	10. Hame and Haarses of No.		
DE L	A PENA, VILLANUEVO & LLP		<u> </u>	DE LA	<u>PENA, VILLANUEVA & BAJA</u>	DAS, LLP	
	BRICKELL KEY DRIVE		8	2 Street Addr	ess (P.O. Box Number is Not Acceptable) ICKELL KEY DRIVE, SUITE	705	
705	;		18	3	101000 RE1 21112, 33-1-		
	VI FL 33131						
,,,,			\ \[\{ \}	City MIAMI	1	85 Zip C 331	31
14 Dureuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes.	the abo	us named sorn	aration cultimite this statement for the nurnes	of changing its	registered
office or re	egistered agent or noth, in the State of	Florida, Such change was authorida	orized b	y the corporation	on's board of directors. I hereby accept the a	pointment as reg	gistered
agent. Fa	m ramiliar with, and accept the obligation	RICARDO BAJANDAS	DA	ss. DTMED	4/28	/qa	
SIGNATURE	Signature typed of printed name of repietored agent	nd title if applicable. (NOTE: Reg	istered A	IN 111121			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	CASTILLO, ADDY		1.2 NAM	E			
STREET ADDRESS	7255 NORTH OAKMONT DRIVE		1.3 STR	ET ADDRESS			Ì
CITY-ST-ZIP	MIAMI FL 33015	1.4 CI		-ST-ZIP			
TITLE	S	☐ DELETE	2.1 TITL			Change	☐ Addition
NAME	LORENA, GOMEZ		2.2 NAM	E			
STREET ADDRESS	7255 NORTH OAKMONT RRIVE		2.3 STRI	ET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33015		2.4 CITY	-ST-ZIP			
TITLE	AS	☐ DELETE	3.1 TITLI			☐ Change	☐ Addition
NAME	BAJANDAS, RICARDO		3.2 NAM	E			
STREET ADDRESS	601 BRICKELL KEY DRIVE		3.3 STR	EET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33131		3.4. CITY	-ST-ZIP			
TITLE		☐ DELETE	4.1 TITL	: _		☐ Change	☐ Addition
NAME			4. 2 NAN	E			
STREET ADDRESS			4.3 STR	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE							
20		☐ DELETE	5 1 TITL	l l		Change	Addition
NAME		☐ DELETE		l l		Change	☐ Addition
		☐ DELETE	5 1 TITLI 5.2 NAM	l l		Change	☐ Addition

CITY-ST-ZIP 14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

RICARDO BAJANDAS URE AND OFFICER OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

4/28/99

(305) 377-0809

☐ Change

Addition