2001 UNIFORM BUSINESS REPORT (UBR) May 04, 2001 8:00 am Secretary of State **DOCUMENT # \$71115** 1. Entity Name HUTCHINSON ISLAND/OCEAN INVESTMENTS, INC. 05-04-2001 90025 027 ***150.00 Mailing Address Principal Place of Business 601 BRICKELL KEY DRIVE 601 BRICKELL KEY DRIVE MIAMI FL 33131 MIAMI FL 33131 US 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0278222 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 DE LA PENA, VILLANUEVO & LLP Street Address (P.O. Box Number is Not Acceptable) **601 BRICKELL KEY DRIVE** SUITE 705 Brickell Keer **MIAMI FL 33131** 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. Ricardo Bajandas ent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees 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 TITLE Change D Delete TITLE NAME CASTILLO, ADDY NAME STREET ADDRESS STREET ADDRESS 7255 NORTH OAKMONT DRIVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33015 ☐ Addition Change ☐ Delete TITLE TITLE LORENA, GOMEZ NAME NAME STREET ADDRESS STREET ADDRESS 7255 NORTH OAKMONT RRIVE CITY-ST-ZIE CITY-ST-ZIF **MIAMI FL 33015** ☐ Change ☐ Addition ☐ Delete TITLE TITLE BAJANDAS, RICARDO NAME NAME STREET ADDRESS STREET ADDRESS **601 BRICKELL KEY DRIVE** CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** Addition Change TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7/P

TITLE

NAME

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

☐ Addition