FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **V29928** **(1)**

1. Corporation Name

SPAIN INVESTMENTS COMPANY

Principal Place of Business

3400 NE 192ND ST
APT. 1705
AVENTURA FL 33180-2458
US

Mailing Address

C/O LEMUL MANAGEMENT
6601 SW 79 CT
MIAMI FL 33143
US

3. Date Incorporated or Qualified: 04/21/1992

3a. Date of Last Report: 02/09/1995

4. FEI Number: 65-0326419 — Applied For / Not Applicable

2. Principal Place of Business — 21 / Suite, Apt. #: 22 / City, State: 23 / Zip: 24 / Country: 25

2a. Mailing Address — 26 / Suite, Apt. #: 27 / City, State: 28 / Zip: 29 / Country: 30

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

LEIMUL MANAGEMENT CORP.
6601 SW 79TH CT.
MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1605, 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

12. OFFICERS AND DIRECTORS

TITLE: P
NAME: MOLINA-MOREL, GERMAN
STREET ADDRESS: HAVENSTRAAT 5, OFFICE 5
CITY-ST-ZIP: ORANJESTAD AR

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE
1-2 NAME
1-3 STREET ADDRESS
1-4 CITY-ST-ZIP
☐ Change ☐ Addition

2-1 TITLE
2-2 NAME
2-3 STREET ADDRESS
2-4 CITY-ST-ZIP
☐ Change ☐ Addition

3-1 TITLE
3-2 NAME
3-3 STREET ADDRESS
3-4 CITY-ST-ZIP
☐ Change ☐ Addition

4-1 TITLE
4-2 NAME
4-3 STREET ADDRESS
4-4 CITY-ST-ZIP
☐ Change ☐ Addition

5-1 TITLE
5-2 NAME
5-3 STREET ADDRESS
5-4 CITY-ST-ZIP
☐ Change ☐ Addition

6-1 TITLE
6-2 NAME
6-3 STREET ADDRESS
6-4 CITY-ST-ZIP
☐ Change ☐ Addition

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)(k), 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 my address.

SIGNATURE: G. MOLINA 2/11/96 305 274 9737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)