FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

SIGNATURE:

FILED PROFIT FLORIDA DEPARTMENT OF STATE Jan 21 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 1. Corporation Name (1)VENDOME MANAGEMENT, INC. Principal Place of Business Mailing Address 2699 S BAYSHORE DR 2699 S BAYSHORE DR 5TH FLOOR 5TH FLOOR DO NOT WRITE IN THIS SPACE MIAMI FL 33133 MIAMI FL 33133 3. Date Incorporated or Qualified 07/15/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0413378 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zin Country 8. This corporation owes or has paid the current year Intangible 25 25 29 30 Personal Property Tax due June 30. ☐ Yes □ Ño 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 FARRA, MIGUEL G. 2699 S BAYSHORE DR 82 Street Address (P.O. Box Number is Not Acceptable) 5TH FLOOR 83 MIAMI FL 33133 84 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable DATE OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition NAME LAURANS, JEAN JACQUES 1.2 NAME 2E034 STREET ADDRESS 2699 S BAYSHORE DR 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 21 TITLE Change Addition NAME FARRA, MIGUEL G 2.2 NAME STREET ADDRESS 2699 S. BAYSHORE DR. 2.3 STREET ADDRESS MIAMI FL 33133 CITY - ST - ZIP 2. 4 CITY-ST-ZIP TITLE DELETE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE Addition 4.1 TITLE Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE TITEF 5.1 TITLE ☐ Change ___ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST-ZIP 14. 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 annual report or supplemental annual report is the 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 trystee empowereed secute 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.

(305) 858-5600