I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PETER COHEN

Electronic Signature of Signing Officer/Director Detail

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 396042

Entity Name: LARO, INC. OF CORAL GABLES

Current Principal Place of Business:

6800 NERVIA STREET CORAL GABLES, FL 33146

Current Mailing Address:

6800 NERVIA STREET CORAL GABLES. FL 33146

FEI Number: 59-1389459

Name and Address of Current Registered Agent:

COHEN, LAWRENCE H 6800 NERVIA STREET CORAL GABLES, FL 33146 US

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:

Electronic Signature of Registered Agent

Officer/Director Detail :

| Title | PTD | Title | VSD |
|-----------------|-----------------------|-----------------|-----------------------|
| Name | COHEN, LAWRENCE | Name | COHEN, PETER |
| Address | 6800 NERVIA STREET | Address | 3800 NERVIA STREET |
| City-State-Zip: | CORAL GABLES FL 33146 | City-State-Zip: | CORAL GABLES FL 33146 |

VICE PRESIDENT

01/15/2013 Date

FILED Jan 15, 2013 Secretary of State CC2714676336

Certificate of Status Desired: No

Date