FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAR -6 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000000077 (8)**

1. Corporation Name
WESTFIELD CAPITAL LTD., INC.

Principal Place of Business	Mailing Address
2665 S BAYSHORE DR #1101 COCONUT GROVE FL 33133 US	2665 S BAYSHORE DR #1101 COCONUT GROVE FL 33133 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/24/1992**
3a. Date of Last Report: **06/28/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **13-3660990** ☐ Applied For ☐ Not Applicable

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

GOMEZ, VIVIAN
~~**% NUEVA MANAGEMENT, INC.**~~ WESTFIELD CAPITAL LTD
2665 S. BAYSHORE DR., SUITE 1101
COCONUT GROVE FL 33133

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 607.0502 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	11 TITLE	☐ Change ☐ Addition
NAME	KUCZYNSKI, PEDRO-PABLO	12 NAME	
STREET ADDRESS	2665 S. BAYSHORE DR., SUITE 1101	13 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL 33133	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	GOMEZ, VIVIAN	22 NAME	
STREET ADDRESS	2665 S. BAYSHORE DR., SUITE 1101	23 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL 33133	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	THURER, LUZIUS	32 NAME	
STREET ADDRESS	2665 S. BAYSHORE DR., SUITE 1101	33 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL 33133	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I 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)(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.

SIGNATURE: _____ Feb. 28 '95 (305) 285 7945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0134367 CP

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 # **F93000000077 (8)**

1. Corporation Name

WESTFIELD CAPITAL LTD., INC.

Principal Place of Business	Mailing Address
2665 S BAYSHORE DR #1101 COCONUT GROVE FL 33133 US	2665 S BAYSHORE DR #1101 COCONUT GROVE FL 33133 US

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **12/24/1992**
3a. Date of Last Report: **03/06/1995**
4. FEI Number: **13-3660990** ☐ Applied For ☐ Not Applicable
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

GOMEZ, VIVIAN
%WESTFIELD CAPITAL LT
2665 S. BAYSHORE DR., SUITE 1101
COCONUT GROVE FL 33133

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 607.0502 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: _____ 5/21/96
Signature, typed or printed name of registered agent and date (Not required if Registered Agent signs above in his capacity as an officer or director)
DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KUCZYNSKI, PEDRO-PABLO		1.2 NAME		
STREET ADDRESS	2665 S. BAYSHORE DR., SUITE 1101		1.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL 33133		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GOMEZ, VIVIAN		2.2 NAME		
STREET ADDRESS	2665 S. BAYSHORE DR., SUITE 1101		2.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL 33133		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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.

SIGNATURE: _____ (VIVIAN GOMEZ) 5/21/96 (305) 285-7995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

5-12-97 B-7005 C

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **F93000000077 (8)**

1. Corporation Name
WESTFIELD CAPITAL LTD., INC.

Principal Place of Business	Mailing Address
2665 S BAYSHORE DR #1101 COCONUT GROVE FL 33133 US	2665 S BAYSHORE DR #1101 COCONUT GROVE FL 33133-5448 US

3. Date Incorporated or Qualified: **12/24/1992**
3a. Date of Last Report: **05/31/1996**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **13-3660990** ☐ Applied For ☐ Not Applicable

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

~~GP, EZ. VIVIAN~~
~~%WESTFIELD CAPITAL LT~~
2665 S. BAYSHORE DR., SUITE 1101
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name: PEDRO PABLO KUCZYNSKI
82 Street Address (P.O. Box Number is Not Acceptable): 2665 S. BAYSHORE Dr
83: #1101
84 City: COCONUT GROVE FL 85 Zip Code: 33133

11. Pursuant to the provisions of Section(s) 607.0502, 607.1008, 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. Each 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: _____ 4/30/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KUCZYNSKI, PEDRO-PABLO		1.2 NAME	
STREET ADDRESS	2665 S. BAYSHORE DR., SUITE 1101		1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL 33133		1.4 CITY-ST-ZIP	
TITLE	~~S~~	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	~~GOMEZ, VIVIAN~~		2.2 NAME	
STREET ADDRESS	2665 S. BAYSHORE DR., SUITE 1101		2.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL 33133		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: _____ 4/30/97 305-285-7995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Sep 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # **F93000000077 (8)**

1. Corporation Name

WESTFIELD CAPITAL LTD., INC.

Principal Place of Business	Mailing Address
2665 S BAYSHORE DR #1101 COCONUT GROVE FL 33133 US	2665 S BAYSHORE DR #1101 COCONUT GROVE FL 33133 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/24/1992**

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: **13-3660990** ☐ Applied For ☐ Not Applicable

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KUCZYNSKI, PEDRO-PABLO
2665 S. BAYSHORE DR.
#1101
COCONUT GROVE FL 33133

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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**PC** **KUCZYNSKI, PEDRO-PABLO** **2665 S. BAYSHORE DR., SUITE 1101** **COCONUT GROVE FL 33133**	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/98)

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.

SIGNATURE: SIGNATURE PEDRO-PABLO KUCZYNSKI 9/3/98 305-285-7995

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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90101 015 ***150.00

0194179

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000000077**

1. Corporation Name
WESTFIELD CAPITAL LTD., INC.

Principal Place of Business	Mailing Address
2665 S BAYSHORE DR #1101 COCONUT GROVE FL 33133 US	2665 S BAYSHORE DR #1101 COCONUT GROVE FL 33133 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 12/24/1992

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 13-3660990 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KUCZYNSKI, PEDRO-PABLO
2665 S. BAYSHORE DR.
#1101
COCONUT GROVE FL 33133

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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KUCZYNSKI, PEDRO-PABLO		1.2 NAME	
STREET ADDRESS	2665 S. BAYSHORE DR., SUITE 1101		1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL 33133		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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 added, or an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Pedro-Pablo Kuczynski April 27, 1999 305-285-7995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State
02-21-2000 90014 042 ***150.00

DOCUMENT # F93000000077

1. Entity Name

WESTFIELD CAPITAL LTD., INC.

Principal Place of Business	Mailing Address
2665 S BAYSHORE DR #1101 COCONUT GROVE FL 33133 US	2665 S BAYSHORE DR #1101 COCONUT GROVE FL 33133-5448 US

UUUZJUJJ

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 13-3660990 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KUCZYNSKI, PEDRO-PABLO
2665 S. BAYSHORE DR.
#1101
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. *(See criteria on back)* ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC KUCZYNSKI, PEDRO-PABLO 2665 S. BAYSHORE DR., SUITE 1101 COCONUT GROVE FL 33133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

13. 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 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.

SIGNATURE: Pedro-Pablo Kuczynski 2/14/00 305-285-4841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
04-25-2001 90146 012 ***150.00

DOCUMENT # F93000000077

1. Entity Name
WESTFIELD CAPITAL LTD., INC.

Principal Place of Business	Mailing Address
2665 S BAYSHORE DR #1101 COCONUT GROVE FL 33133 US	2665 S BAYSHORE DR #1101 COCONUT GROVE FL 33133 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 13-3660990 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KUCZYNSKI, PEDRO-PABLO 2665 S. BAYSHORE DR. #1101 COCONUT GROVE FL 33133	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC KUCZYNSKI, PEDRO-PABLO 2665 S. BAYSHORE DR., SUITE 1101 COCONUT GROVE FL 33133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

13. 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 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.

SIGNATURE: Pedro P. Kuczynski Dpst 4/19/01 305-285-7995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
05-08-2002 90042 027 ***150.00

DOCUMENT # F93000000077

1. Entity Name
WESTFIELD CAPITAL LTD., INC.

Principal Place of Business	Mailing Address
2665 S BAYSHORE DR #1101 COCONUT GROVE FL 33133 US	2665 S BAYSHORE DR #1101 COCONUT GROVE FL 33133 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 13-3660990 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KUCZYNSKI, PEDRO-PABLO 2665 S. BAYSHORE DR. #1101 COCONUT GROVE FL 33133	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC KUCZYNSKI, PEDRO-PABLO 2665 S. BAYSHORE DR., SUITE 1101 COCONUT GROVE FL 33133 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 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.

SIGNATURE: [signature] PEDRO PABLO KUCZYNSKI 4/22/02 (305) 285-7995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State
03-19-2003 90088 043 ***150.00

DOCUMENT # F93000000077

1. Entity Name
WESTFIELD CAPITAL LTD., INC.

Principal Place of Business	Mailing Address
2665 S BAYSHORE DR #1101 COCONUT GROVE FL 33133 US	2665 S BAYSHORE DR #1101 COCONUT GROVE FL 33133 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 13-3660990 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KUCZYNSKI, PEDRO-PABLO
2665 S. BAYSHORE DR.
#1101
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC KUCZYNSKI, PEDRO-PABLO 2665 S. BAYSHORE DR., SUITE 1101 COCONUT GROVE FL 33133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Pedro Pablo Kuczynski 3/13/03 305-285-7995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2004
Secretary of State

DOCUMENT# F93000000077

Entity Name: WESTFIELD CAPITAL LTD., INC.

Current Principal Place of Business:

2665 S BAYSHORE DR #1101
COCONUT GROVE, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

2665 S BAYSHORE DR #1101
COCONUT GROVE, FL 33133 US

New Mailing Address:

FEI Number: 13-3660990 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KUCZYNSKI, PEDRO-PABLO
2665 S. BAYSHORE DR.
#1101
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

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 Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PC ( ) Delete
Name: KUCZYNSKI, PEDRO-PABLO
Address: 2665 S. BAYSHORE DR., SUITE 1101
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: PEDRO-PABLO KUCZYNSKI PC 01/06/2004
Electronic Signature of Signing Officer or Director Date

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005
Secretary of State

DOCUMENT# F93000000077

Entity Name: WESTFIELD CAPITAL LTD., INC.

Current Principal Place of Business:

2665 S BAYSHORE DR #1101
COCONUT GROVE, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

2665 S BAYSHORE DR #1101
COCONUT GROVE, FL 33133 US

New Mailing Address:

FEI Number: 13-3660990 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KUCZYNSKI, PEDRO-PABLO
2665 S. BAYSHORE DR.
#1101
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

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 Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PC ( ) Delete
Name: KUCZYNSKI, PEDRO-PABLO
Address: 2665 S. BAYSHORE DR., SUITE 1101
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: PEDRO PABLO KUCZYNSKI PC 01/10/2005

Electronic Signature of Signing Officer or Director Date

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2006
Secretary of State

DOCUMENT# F93000000077

Entity Name: WESTFIELD CAPITAL LTD., INC.

Current Principal Place of Business:

2665 S BAYSHORE DR #1101
COCONUT GROVE, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

2665 S BAYSHORE DR #1101
COCONUT GROVE, FL 33133 US

New Mailing Address:

FEI Number: 13-3660990 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KUCZYNSKI, PEDRO-PABLO
2665 S. BAYSHORE DR.
#1101
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

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 Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PC ( ) Delete
Name: KUCZYNSKI, PEDRO-PABLO
Address: 2665 S. BAYSHORE DR., SUITE 1101
City-St-Zip: COCONUT GROVE, FL 33133

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T ( ) Change (X) Addition
Name: SEPULVEDA, GERARDO R
Address: 2665 S. BAYSHORE DR., SUITE 1101
City-St-Zip: COCONUT GROVE, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GERARDO R SEPULVEDA T 01/06/2006

Electronic Signature of Signing Officer or Director Date

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007
Secretary of State

DOCUMENT# F93000000077

Entity Name: WESTFIELD CAPITAL LTD., INC.

Current Principal Place of Business:

2665 S BAYSHORE DR #1101
COCONUT GROVE, FL 33133 US

New Principal Place of Business:

2665 S BAYSHORE DR #715
COCONUT GROVE, FL 33133 US

Current Mailing Address:

2665 S BAYSHORE DR #1101
COCONUT GROVE, FL 33133 US

New Mailing Address:

2665 S BAYSHORE DR #715
COCONUT GROVE, FL 33133 US

FEI Number: 13-3660990 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KUCZYNSKI, PEDRO-PABLO
2665 S. BAYSHORE DR.
#1101
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

KUCZYNSKI, PEDRO-PABLO
2665 S. BAYSHORE DR.
#715
COCONUT GROVE, FL 33133 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: 02/01/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PC ( ) Delete
Name: KUCZYNSKI, PEDRO-PABLO
Address: 2665 S. BAYSHORE DR., SUITE 1101
City-St-Zip: COCONUT GROVE, FL 33133

Title: T ( ) Delete
Name: SEPULVEDA, GERARDO R
Address: 2665 S. BAYSHORE DR., SUITE 1101
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC (X) Change ( ) Addition
Name: KUCZYNSKI, PEDRO-PABLO
Address: 2665 S. BAYSHORE DR., SUITE 715
City-St-Zip: COCONUT GROVE, FL 33133

Title: T (X) Change ( ) Addition
Name: SEPULVEDA, GERARDO R
Address: 2665 S. BAYSHORE DR., SUITE 715
City-St-Zip: COCONUT GROVE, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GERARDO SEPULVEDA T 02/01/2007
Electronic Signature of Signing Officer or Director Date

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008
Secretary of State

DOCUMENT# F93000000077

Entity Name: WESTFIELD CAPITAL LTD., INC.

Current Principal Place of Business:

2665 S BAYSHORE DR #715
COCONUT GROVE, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

2665 S BAYSHORE DR #715
COCONUT GROVE, FL 33133 US

New Mailing Address:

FEI Number: 13-3660990 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KUCZYNSKI, PEDRO-PABLO
2665 S. BAYSHORE DR.
#715
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

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 Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PC ( ) Delete
Name: KUCZYNSKI, PEDRO-PABLO
Address: 2665 S. BAYSHORE DR., SUITE 715
City-St-Zip: COCONUT GROVE, FL 33133

Title: T ( ) Delete
Name: SEPULVEDA, GERARDO R
Address: 2665 S. BAYSHORE DR., SUITE 715
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GERARDO R SEPULVEDA T 04/16/2008

Electronic Signature of Signing Officer or Director Date

2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# F93000000077

Entity Name: WESTFIELD CAPITAL LTD., INC.

Current Principal Place of Business:

2665 S BAYSHORE DR #715
COCONUT GROVE, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

2665 S BAYSHORE DR #715
COCONUT GROVE, FL 33133 US

New Mailing Address:

FEI Number: 13-3660990 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KUCZYNSKI, PEDRO-PABLO
2665 S. BAYSHORE DR.
#715
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

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 Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PC ( ) Delete
Name: KUCZYNSKI, PEDRO-PABLO
Address: 2665 S. BAYSHORE DR., SUITE 715
City-St-Zip: COCONUT GROVE, FL 33133

Title: T ( ) Delete
Name: SEPULVEDA, GERARDO R
Address: 2665 S. BAYSHORE DR., SUITE 715
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PEDRO PABLO KUCZYNSKI PC 04/16/2009

Electronic Signature of Signing Officer or Director Date

2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2010
Secretary of State

DOCUMENT# F93000000077

Entity Name: WESTFIELD CAPITAL LTD., INC.

Current Principal Place of Business:

2665 S BAYSHORE DR #715
COCONUT GROVE, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

2665 S BAYSHORE DR #715
COCONUT GROVE, FL 33133 US

New Mailing Address:

FEI Number: 13-3660990 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KUCZYNSKI, PEDRO-PABLO
2665 S. BAYSHORE DR.
#715
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

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 Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PC
Name: KUCZYNSKI, PEDRO-PABLO
Address: 2665 S. BAYSHORE DR., SUITE 715
City-St-Zip: COCONUT GROVE, FL 33133

Title: T
Name: SEPULVEDA, GERARDO R
Address: 2665 S. BAYSHORE DR., SUITE 715
City-St-Zip: COCONUT GROVE, FL 33133

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: PEDRO-PABLO KUCZYNSKI PC 02/18/2010

Electronic Signature of Signing Officer or Director Date

2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2011
Secretary of State

DOCUMENT# F93000000077

Entity Name: WESTFIELD CAPITAL LTD., INC.

Current Principal Place of Business:

2665 S BAYSHORE DR #715
COCONUT GROVE, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

2665 S BAYSHORE DR #715
COCONUT GROVE, FL 33133 US

New Mailing Address:

FEI Number: 13-3660990 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KUCZYNSKI, PEDRO-PABLO
2665 S. BAYSHORE DR.
#715
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

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 Date

OFFICERS AND DIRECTORS:

Title: PC
Name: KUCZYNSKI, PEDRO-PABLO
Address: 2665 S. BAYSHORE DR., SUITE 715
City-St-Zip: COCONUT GROVE, FL 33133

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: PEDRO PABLO KUCZYNSKI PC 05/02/2011

Electronic Signature of Signing Officer or Director Date

2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2012
Secretary of State

DOCUMENT# F93000000077

Entity Name: WESTFIELD CAPITAL LTD., INC.

Current Principal Place of Business:

2665 S BAYSHORE DR #715
COCONUT GROVE, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

2665 S BAYSHORE DR #715
COCONUT GROVE, FL 33133 US

New Mailing Address:

FEI Number: 13-3660990 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KUCZYNSKI, PEDRO-PABLO
2665 S. BAYSHORE DR.
#715
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

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 Date

OFFICERS AND DIRECTORS:

Title: PC
Name: KUCZYNSKI, PEDRO-PABLO
Address: 2665 S. BAYSHORE DR., SUITE 715
City-St-Zip: COCONUT GROVE, FL 33133

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: PEDRO PABLO KUCZYNSKI PC 02/07/2012

Electronic Signature of Signing Officer or Director Date

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2013
Secretary of State
CC6417857430

DOCUMENT# F93000000077

Entity Name: WESTFIELD CAPITAL LTD., INC.

Current Principal Place of Business:

2665 S BAYSHORE DR #715
COCONUT GROVE, FL 33133

Current Mailing Address:

2665 S BAYSHORE DR #715
COCONUT GROVE, FL 33133 US

FEI Number: 13-3660990

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KUCZYNSKI, PEDRO-PABLO
2665 S. BAYSHORE DR.
#715
COCONUT GROVE, FL 33133 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 — Date

Officer/Director Detail :

Title	PC
Name	KUCZYNSKI, PEDRO-PABLO
Address	2665 S. BAYSHORE DR., SUITE 715
City-State-Zip:	COCONUT GROVE FL 33133

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: PEDRO-PABLO KUCZYNSKI PC 03/22/2013

Electronic Signature of Signing Officer/Director Detail — Date

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2014
Secretary of State
CC3583288710

DOCUMENT# F93000000077

Entity Name: WESTFIELD CAPITAL LTD., INC.

Current Principal Place of Business:

2665 S BAYSHORE DR #715
COCONUT GROVE, FL 33133

Current Mailing Address:

2665 S BAYSHORE DR #715
COCONUT GROVE, FL 33133 US

FEI Number: 13-3660990

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KUCZYNSKI, PEDRO-PABLO
2665 S. BAYSHORE DR.
#715
COCONUT GROVE, FL 33133 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 — Date

Officer/Director Detail :

Title	PC
Name	KUCZYNSKI, PEDRO-PABLO
Address	2665 S. BAYSHORE DR., SUITE 715
City-State-Zip:	COCONUT GROVE FL 33133

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: PEDRO-PABLO KUCZYNSKI PC 02/25/2014

Electronic Signature of Signing Officer/Director Detail — Date

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2015
Secretary of State
CC7293194393

DOCUMENT# F93000000077

Entity Name: WESTFIELD CAPITAL LTD., INC.

Current Principal Place of Business:

2665 S BAYSHORE DR #715
COCONUT GROVE, FL 33133

Current Mailing Address:

2665 S BAYSHORE DR #715
COCONUT GROVE, FL 33133 US

FEI Number: 13-3660990

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KUCZYNSKI, PEDRO-PABLO
2665 S. BAYSHORE DR.
#715
COCONUT GROVE, FL 33133 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 — Date

Officer/Director Detail :

Title	PC
Name	KUCZYNSKI, PEDRO-PABLO
Address	2665 S. BAYSHORE DR., SUITE 715
City-State-Zip:	COCONUT GROVE FL 33133

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: PEDRO-PABLO KUCZYNSKI PC 04/28/2015

Electronic Signature of Signing Officer/Director Detail — Date

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2016
Secretary of State
CC0387748805

DOCUMENT# F93000000077

Entity Name: WESTFIELD CAPITAL LTD., INC.

Current Principal Place of Business:

2665 S BAYSHORE DR #715
COCONUT GROVE, FL 33133

Current Mailing Address:

2665 S BAYSHORE DR #715
COCONUT GROVE, FL 33133 US

FEI Number: 13-3660990

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KUCZYNSKI, PEDRO-PABLO
2665 S. BAYSHORE DR.
#715
COCONUT GROVE, FL 33133 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 — Date

Officer/Director Detail :

Title	PC
Name	KUCZYNSKI, PEDRO-PABLO
Address	2665 S. BAYSHORE DR., SUITE 715
City-State-Zip:	COCONUT GROVE FL 33133

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: PEDRO-PABLO KUCZYNSKI PC 04/29/2016

Electronic Signature of Signing Officer/Director Detail — Date