2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 03, 2000 8:00 am Secretary of State **DOCUMENT # G41838** 1. Entity Name AMECA-FINANCING, INC. 03-03-2000 90217 050 ***150.00 Principal Place of Business Mailing Address POST OFFICE BOX 129 POST OFFICE BOX 129 COCOA FL 32923-0129 COCOA FL 32923-0129 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2412326 Not Applicable Zip Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee.Required ---6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FEINER, BALZ Street Address (P.O. Box Number is Not Acceptable) 1850 TIMBERS WEST BLVD. ROCKLEDGE FL 32955 City 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD Addition CR2E034 (9/99) Change TITLE ☐ Delete TITLE SCHLUESSEL, WALTER NAME NAME STREET ADDRESS FLUH STREET ADDRESS CITY-ST-ZIP SCHENKON/LU, SWITZ. CITY-ST-ZIP □ | Addition ☐ Delete Change -TITI F SCHLUESSEL, HEDI NAME STREET ADDRESS STREET ADDRESS FLUH CITY-ST-7IP SCHENKON/LU, SWITZ. CITY-ST-ZIP Addition TITLE Change TITLE ☐ Delete FEINER. BALZ NAME NAMÉ 1850 TIMBERS WEST BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ROCKLEDGE FL CITY-ST-ZIP ☐ ¹Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 fine 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.

Daytime Phone #