2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H46966 May 01, 2000 8:00 am Secretary of State 1. Entity Name MAXIMILIAN FINANCIAL CORPORATION 05-01-2000 90059 017 ***150.00 Mailing Address Principal Place of Business 19940 NE 23RD AVE., #1 19940 NE 23RD AVE., #1 N. MIAMI BEACH FL 33180-1807 N. MIAMI BEACH FL 33180 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2546766 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ENGEL, LESTER Street Address (P.O. Box Number is Not Acceptable) 19940 NE 23RD AVE., #1 N. MIAMI BEACH FL 33180 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. DATE Signature, typed or printed name of registered agent and title if applicable. (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE ENGEL, PEGGY ANN NAME NAME STREET ADDRESS 19940 NE 23RD AVE., #1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N. MIAMI BEACH FL 33180 Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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, withall other like empowered.

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE NAME OF SIGNATURE AND DIRECTOR

4-25-2000

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