2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED Mar 07, 2002 8:00 am Secretary of State H98708 DOCUMENT # 1. Entity Name INVESTMENT GROUP & ASSOCIATES CORPORATION 03-07-2002 90025 038 ***158.75 Principal Place of Business Mailing Address 8200 NW 41 STREET: 6UITE 175 **6200 NW 41 STREET, SUITE 175** MIAML FL 33156 MIAMI FL 39156 JIS. 2. Principal Place of Business SW 162 Pl. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2634071 1HM Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent OTERO, GISELA C Street Address (P.O. Box Number is Not Acceptable) 8200 N.W. 41 STREET, SUITE 175 _MIAMI-FL 33168-8. 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) Onange Addition PTD TITLE ☐ Delete TITLE OFERO, GISCLAC 1873 SW 162 DE MIAM, Fl. 33193 OTERO, GISELA C NAME NAME 8200 NW 41 STREET, SUITE 175 STREET ADDRESS STREET ADDRESS MIAMI FL 33166. CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition 'Delete TITI F= NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP 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