2002 UNIFORM BUSINESS REPORT (UBR)

Apr 10, 2002 8:00 am DOCUMENT # K18043 Secretary of State 1. Entity Name 04-10-2002 90448 032 ***158.75 INTERNATIONAL ASSET MANAGEMENT CORP. Principal Place of Business Mailing Address 250 PARK AVE SOUTH 250 PARK AVE SOUTH HUMPASTO STE - 200 STE - 200 WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address 220 E. Centra Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Ste 2060 ste 2060 City & State City & State 4. FEI Number Applied For 59-2899581 41ta Mon Not Applicable \$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 VEITIA, DIEGO J. 250 PARK AVE SOUTH STE - 200 WINTER PARK FL 32789 8. The above named entity submits this statement for the purpose of c its registered office ent signature required when reinstating DATE FILE NOW!!! FEE IS \$150.00 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, 2002 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 TITLE ☐ Delete TITLE Change . 220 E. Central NAME NAME VEITIA, DIEGO J. STREET ADDRESS STREET ADDRESS 250 PARK AVE SOUTH / STE - 200 Alta monte CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 TITLE TITLE ☐ Change Delete VSD NAME NAME Edward SAKER, STEPHEN STREET ADDRESS 250 PARK AVE. SOUTH, SUITE 200 STREET ADDRESS aao E. Cen CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 TITLE ☐ Delete TITLE NAME NAME Parkway, Ste 2060 HINZ, JONATHAN C STREET ADDRESS STREET ADDRESS 250 PARK AVENUE SOUTH, SUITE 200 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 TITLE Delete TITLE DP NAME NAME VEITIA, DIEGO J STREET ADDRESS STREET ADDRESS 250 PARK AVENUE SOUTH, SUITE 200 CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 type 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 empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

indicated on this report or supplemental report is type and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

WED NAME OF SIGNING OFFICER OR DIRECTOR

Jonathan C. Hinz

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407-741-533

Daytime Phone #