2001 UNIFORM BUSINESS REPORT (UBR) FILED May 14, 2001 8:00 am Secretary of State **DOCUMENT # K42684** 1. Entity Name INSURANCE MANAGEMENT INTERNATIONAL, INC. 05-14-2001 90008 016 ***158.75 Principal Place of Business Mailing Address 1208 WEST NEWPORT CIRCLE 1208 WEST NEWPORT CIRCLE SUITE 202 SHITE 202 DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State 65-0112172 City & State Not Applicable \$8.75 Additional Zip 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 BURNETT, SHELDON J 367' ALBAMBRA CIR CORAL GABLES FL 33134 se of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) ted name of registered agent and title if applicable 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, 2001 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change TITLE ☐ Delete TITLE CHALHOUB, JEAN-CLAUDE NAME NAME STREET ADDRESS 1208 W NEWPORT CENTER DRIVE, STE 202 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD FL Addition Change TITLE Delete TITLE BURNETT, SHELDON J NAME NAME STREET ADDRESS 367 ALHAMBRA CIR STREET ADDRESS CITY-ST-7IP CORAL GABLES FL 33134-5003 CITY-ST-ZIP Change Addition Delete _ TITLE SWARTOUT, RONALD A NAME NAME 1208 W NEWPORT CENTER DR., STE 202 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEEFIELD BEACH FL 33442 CITY-ST-ZIP Change Change ☐ Addition ☐ Delete TITLE TITLE NAME 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

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD A. SWARTOUT

4/05/01

954-421-4076

Daytime Phone #