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FILED

03 AUG 25 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K93265

1. Entity Name
FINANCIAL TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
11098 BISCAYNE BLVD STE 403 MIAMI, FL 33161 US	C/O LARREA & ORTEGA 2300 CORAL WAY STE 111 MIAMI, FL 33145 US

5/5/03 91831 006 158.75

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0122747 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DADE CORPORATE SERVICE, INC 2300 CORAL WAY STE 101 MIAMI, FL 33145	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
For Amended UBR is $61.25
Make Check Payable to: Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SINAI, JOSE MR 11098 BISCAYNE BLVD., SUITE 403 MIAMI, FL 33161	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD IASLOVITS, LAUREN MS 11098 BISCAYNE BLVD., SUITE 403 MIAMI, FL 33161	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD SINAI, DAVID MR 11098 BISCAYNE BLVD., SUITE 403 MIAMI, FL 33161	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: See attached for Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Financial Technologies, Inc.

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July 21, 2003

Secretary of State
Division of Corporations
Attn: Tyrone Scott
P.O. Box 6327
Tallahassee, FL 32314

Ref: Document #K93265

Dear Mr. Scott:

I am writing in reference to your conversation with Suzette Alonso, Chief Financial Officer of Financial Technologies, Inc. earlier today. Pursuant to your request, we are confirming that document #K93265 was not filed on time due to the fact that #P02000075207, the UBR for Investran Data Exchange, Inc. was filed in error twice. As result of this error, there is an overpayment on file: 05-05-03 91831 006 $158.75. Please apply this overpayment to document #K93265 (attached), the UBR for Financial Technologies, Inc. In addition, we respectfully request the waiver of the late fees due to this misfiling.

We apologize for any confusion this may have caused. If there are any questions or concerns, please contact Ms. Alonso at (305) 891-3300 ext. 296.

Thank you,

Jose Sinai
President

11098 Biscayne Boulevard, Suite 403 Miami, Florida 33161 • Tel: 305.891.3300 • Fax: 305.895.0005 • e-mail: info@investran.com

PLEASE READ ALL INSTRUCTIONS BEFORE ...

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APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K93265

Corporation Name

NANCIAL TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
11098 BISCAYNE BLVD STE 403 MIAMI FL 33161 US	C/O LARREA & ORTEGA 2300 CORAL WAY STE 111 MIAMI FL 33145 US

If Above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 05/31/1989

5. FEI Number: 65-0122747 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	SINAI, JOSE MR	11098 BISCAYNE BLVD., SUITE 403	MIAMI FL 33161
VSD	VASLOVITS, LAUREN MS	11098 BISCAYNE BLVD., SUITE 403	MIAMI FL 33161
VTD	SINAI, DAVID MR	11098 BISCAYNE BLVD., SUITE 403	MIAMI FL 33161

8. Name and Address of Current Registered Agent

DADE CORPORATE SERVICE, INC
2300 CORAL WAY
STE 101
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City | State: FL | Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when fil this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fe owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information ind on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: X Jose Sinai 10/14/03 (305) 891-3

SIGNATURE AND TYPED OR PRINTED NAME OF ACKNOWLEDGING OFFICER OR DIRECTOR — Date — Daytime Phone #