2002 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2002 8:00 am Secretary of State P00000037525 DOCUMENT # 1. Entity Name 04-23-2002 90365 044 ***150 GLOBAL INVESTMENT & FINANCIAL GROUP, INC. Principal Place of Business Mailing Address 665 NORTHEAST 195TH STREET #325 665 NORTHEAST 195TH STREET #325 MIAMI FL 33179 MIAMI FL 33179 2. Principal Place of Business 3. Mailing Address 300 71 Street Same. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For Deach NOT APPLICABLE Not Applicable Zip Country \$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 BARONA, DIEGO G Street Address (P.O. Box Number is Not Acceptable) 300 71ST STREET #440 MIAMI BEACH FL 33141 City Zip Code A 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 registered agent and title if applicable (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. TITLE □ Delete TITLE Change ☐ Addition BARONA, DIEGO G NAME NAME STREET ADDRESS 665 NE 195TH STREET #325 STREET ADDRESS CITY-ST-7IP **MIAMI FL 33177** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition TESUS J. BARONA NAME NAME 1105 NW 114 AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS, FL. 33071 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPE COLUMN TO NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02

(305) 864-8180

FILED