8/6/01

FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Aug 22, 2001 8:00 am Secretary of State P00000088875 DOCUMENT # 1. Entity Name 08-06-2001 90004 044 ***550.00 INTERNATIONAL EXCHANGE GROUP, INC. Principal Place of Business Mailing Address 2952 VIRGINIA STREET 2952 VIRGINIA STREET ((009 MIAM) FL 33133 MIAMI FL 33133 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Nymber Applied For City & State City & State Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CUESTA, MARIA CRISTINA Street Address (P.O. Box Number is Not Acceptable) 2952 VIRGINIA STREET MIAM! FL 33133 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. (NOTE: Registered Agent signature required when reinstating) gent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing **\$5.00** May Be After September:12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TRESIDENT CR2E034 (5/01) Change 1 Addition TITLE Delete TITLE CUESTA, MARIA CRISTINA Fent Cuesta NAME NAME 2952 VIRGINIA STREET STREET ADDRESS 2952 VILGINIA STREET STREET ADDRESS MIAMI FL 33133 39/33 CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -> CITY-ST-ZIP Grove 41-33,33 ☐ Change ☐ Addition ☐ Delete TITLE ~ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TM F TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CETY-ST-ZIP CITY-ST-ZIP ied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director see purpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information of indicated on this report or supplement of the corporation or the receiver to tree. IRE REQUIRED SIGNATURE: TED NAME OF BIGNING OFFICER OR DIRECTOR Daytime Phone