**2001 UNIFORM BUSINESS REPORT (UBR)** Aug 31, 2001 8:00 am Secretary of State DOCUMENT # POD 00 009 8457 1. Entity Name MUNICH INVESTMENTS, INC. 08-31-2001 90112 048 \*\*\*558.75 Principal Place of Business Mailing Address Some 180 villa bi Este Terroce 4204 Lake Mory. A0083152 2. Principal Place of Busine 120 Windsona DO NOT WRITE IN THIS SPACE City & State Applied For Man/ FLORIDA Not Applicable \$8.75 Additional Fee Regulred 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent many m. O'Leany-Wilson 180 Villa di Este Terrace #zad Name Monu O'hean-Wi Street Address (P.O. Box Number is Not Acceptable) Lake many Horida FILE NOW!!! FEE'IS'\$150:00 After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of States \$5.00 May Be Tax filling requirement and elects to do so. Trust Fund Contribution. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Director. De Robert Dissmann TITLE ☐ Delete KI Change Address NAME NAME 120 windsong Court STREET ADDRESS STREET ADDRESS Lake Many Via President CITY-ST-ZIP CITY-ST-ZIP Florida 32746 TITLE ☐ Delete TITLE ☐ Change Addition o'Leany-wilson, Mary M. NAME NAME STREET ADDPT S STREET ADDRESS 32746 CITY-ST-ZIP Cake man TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 legal effects. 13. I hereby certify that the information supplied with this filing indicated on this report or supplemental report is true and SIGNATURE:

FILED