FILED **2002 UNIFORM BUSINESS REPORT (UBR)** Jul 31, 2002 8:00 am **Secrétary of State** P00000112494 DOCUMENT # 1. Entity Name 05-10-2002 90045 030 ***150.00 DEVELOPERS GROUP, INC. Principal Place of Business Mailing Address 40240 150 ALHAMBRA CIRCLE, SUITE 1240 150 ALHAMBRA CIRCLE, SUITE 1240 CORAL GABLES FL 33134 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable _Country___ 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 Name FERNANDEZ, MARIO Street Address (P.O. Box Number is Not Acceptable) 150 ALHAMBRA CIRCLE, SUITE 1240 CORAL GABLES FL 33134 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition Change NAME FERNANDEZ, MARIO NAME 150 ALHAMBRA CIRCLE, SUITE 1240 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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 TITLE ☐ Change ☐ Addition NAME

CITY-ST-ZIP CITY-ST-ZIP 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.

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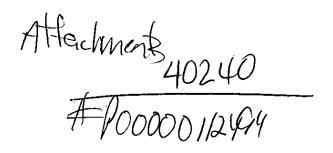
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July 18, 2002

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

To Whom It May Concern:

Your department has sent a request for this corporation to file a Uniform Business Report. We did so on April 2002. I am sending a copy of the check for \$150.00.

If you have any questions please call me at (786) 344-4544.

Cordially,

Mario Fernandez

Developers Group, Inc.

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DEPARTMENT OF STATE FOR DEPOSIT ONLY ACCT# 1009068796

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