FILED May 28, 2002 8:00 am § Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P01000002275 1. Entity Name 05-28-2002 91653 008 ***150.00 AXIS FINANCIAL GROUP, INC. Principal Place of Business Mailing Address 2801 SW 10TH STREET 2801 SW 10TH STREET FORT LAUDERDALE FL 33312 FORF LAUDERDALE FL 33312 3. Mailing Address. 1870 Fovert Hill Blud porest Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 井とに Applied For 4. FEI Number Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAURENT, MARCEL Y umber is Nowacceptable) d, Suite 212 2801 SW 10TH_STREET FORT LAUDERDALE FL 33312 this statement for the purpose of changing is registered office or registered agent, or both, in the State of Florida 8. The above named entity subma 4-29-02 **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. SAME SAME 1870 F TITLE ☐ Delete TITLE NAME LAURENT, MARCEL Y NAME 70 Forest Hill Blud, Swite 212 Dest farm Beach, FL 33406 STREET ADDRESS 2801 SW_10TH STREET STREET ADDRESS FORF LAUDERDALE FL 33312 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete_ . : Change - : Addition -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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 CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete DITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information indicated on this report or supplied polied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information its 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 use empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receichanged, or on an attachmen SIGNATURE

ND TYPED OR F

VITED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date