FILED

2003 FOR PROFIT CORPORATION

Apr 21, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P01000061040 DOCUMENT # 04-21-2003 90326 049 ***150.00 1. Entity Name EXPRESS FINANCIAL MORTGAGE CORP. Principal Place of Business Mailing Address 7951 SW 40TH STREET SUITE 206 7951 SW 40TH STREET SUITE 206 MIAM! FL 33155 MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address 11910 Divendall Dive 1410 N. Kend Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 104 City & State City & State 4. FEI Number Applied For 65-1113430 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent DIAZ, OSVALDO J (P.O. Box Number is Not Acceptable) Street Addre 7951 SW 40TH STREET SUITE 206 **MIAMI FL 33155** 8. The above named entity submits this state nt 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 legister (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. TITLE, ☐ Delete TITLE Addition NIETO, CLAUDIO NAME NAME STREET ADDRESS 7951 SW 40TH STREET SUITE 206 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33155** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NIETO, CLAUDIO NAME STREET ADDRESS 7951 SW 40TH STREET SUITE 206 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33155 Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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 true exemplemental report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an adpress, with all other like empowered.

PED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

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