2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P93000045158 May 18, 2000 8:00 am 1. Entity Name Secretary of State WORLD TRADE MORTGAGE CORP. 05-18-2000 90315 036 ***150.00 Mailing Address Principal Place of Business 671 DELTONA BLVD. 671 DELTONA BLVD. STE. A **DELTONA FL 32725-8050 DELTONA FL 32725** 2. Principal Place of Business 3. Mailing Address 602 Deltona Blvd 602 Deltona Blvd DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Ste. A Ste. A City & State City & State 4. FEI Number Applied For 59-3185323 Deltona, Fl. Deltona, Fl. Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32725 Volusia 32725 Volusia 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name John Fredericks PENA. AL R Street Address (P.O. Box Number is Not Acceptable) 602 Deltona Blvd. 313 DIRKSEN RD. SUITE D-1K Ste. A DEBARY FL 32713 Deltona 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. [X Addition ☐ Change TITI F Delete TITLE President NAME PENA, AL R NAME John Fredericks STREET ADDRESS STREET ADDRESS 313 DIRKSEN DR. STE. D1K 602 Deltona Blvd. Ste A CITY-ST-ZIP CITY-ST-ZIP DEBARY FL Deltona, Fl. 32725 ☐ Change ☐ Addition X Delete TITLE TITLE NAME MIGDALIA PENA NAME STREET ADDRESS STREET ADDRESS 1220 SIENNA CT. CITY-ST-ZIP CITY-ST-ZIP **DELTONA FL** ☐ Change ☐ Addition TITLE ☐ Dølete **EVELYN VEGA** NAME NAME STREET ADDRESS STREET ADDRESS 894 WINDBROOK DR. CITY-ST-ZIP CITY-ST-ZIP **DELTONA FL** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 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 attackment with an address, with all other like empowered.

SIGNATURE SIGNATURE AND TYPED OF PRINTED NAME OF SKENING OFFICER OR DIRECT

PENA 4/24/00

(407)860-2333

Daytime Phone #