2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 11, 2001 8:00 am POĆUMENT # P94000017013 Secretary of State PRIVATE FUNDING GROUP OF SOUTH FLORIDA CORP. 01-11-2001 90028 044 ***150.00 Mailing Address Principal Place of Business C/O FRANK PEREZ-SIAM C/O FRANK PEREZ-SIAM -250 SEVILLA 269 SEVILLA 00002107 CORAL-GABLES FL-33134 CORAL GARLES 2. Principal Place of Business 3. Mailing Address SW 57 AVE 4100 4100 57 AVE SW DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For SOUTH MIAM (4. FEI Number 65-0472618 City & State Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PEREZ-SIAM, FRANK ESQ. Street Address (P.O. Box Number is Not Acceptable) -265 SEVILLA -CORAL GABLES FL 33134 City SOUTH MIAM! 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) Signature, typed or printed name of registered agent and title if applicable. 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) ☐ Addition TITLE ☐ Delete TITLE PEREZ-SIAM, ISRAEL NAME NAME 4100 SW 57 AVE STREET ADDRESS 265 SEVILLA STREET ADDRESS SOUTH MIAMI, FL 33155 CITY-ST-ZIP CORAL GABLES FL 33134-CITY-ST-ZIP Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME 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 attachment with an address, with milliother the empowered. equired by Chapter but, 1 minus 2. S/OK 1/5 RAPE PENEZ-S/OK 1/4/oct

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR