FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 24, 2002 8:00 am Secretary of State P94000084780 DOCUMENT # 1. Entity Name PREMIER INTERNATIONAL MORTGAGE CORPORATION 02-24-2002 90046 024 ***150.00 Principal Place of Business Mailing Address 2666 BRICKELL AVE 2666 BRICKELL AVE 3RD FLOOR 3RD FLOOR **MIAMI FL 33129** MIAMI FL 33129 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 4. FEI Number 65-0555170 Not Applicable Zip Country Country Zip \$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 DEFORTUNA, EDGARDO Street Address (P.O. Box Number is Not Acceptable) 2666 BRICKELL AVE 3RD FLOOR MIAMI FL 33129 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ', (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Addition TITLE ☐ Delete DEFORTUNA, EDGARDO NAME NAME STREET ADDRESS 2666 BRICKELL AVE., 3RD FLOOR STREET ADDRESS **MIAMI FL 33129** CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE TITLE NAMÉ NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP 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 Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 of trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

WALTER BEFORTUNA 02/07/02 (305) 856-2600 SIGNATURE

th all other like empowered

changed, or on an attachment with an address