2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000024860

1. Entity Name

INTERNATIONAL FINANCIAL PRODUCTS, INC.

Principal Place of Business

250 PARK, AVENUE SOUTH SUITE

WINTER PARK FL 32789

Mailing Address

250 PARK AVENUE SOUTH SUITE 200

WINTER PARK FL 32789

FILED Apr 30, 2001 8:00 am Secretary of State 04-30-2001 90130 010 ***158.75



2. Principal Pl	lace of Busin	ness	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			•	DO NOT WRITE IN THIS SPACE				
City & State			City & State			4.	. FEI Number 59-3309701			oplied For of Applicable	
Zip		Country	Zip C		Country		Certificate of Status Desired		\$8.75 Add	ditional	
	6. Name	and Address of Current Re	egistered Agent	<u> </u>		7.	Name and Address of New	Registered A	gent		
VEITIA, DIEGO J 250 PARK AVENUE SOUTH				Street A		Address (P.O. Box Number is Not Acceptable)					
SUIT	E 200							 "			
WINT	TER PARK	FL 32789			City			FL	Zip Coo	e	
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) DATE											
9. This corpo	oration is elig	ible to satisfy its Intangible and elects to do so.	FILE NOW!!! FEE IS \$150 After MAY 1, 2001 Fee will be 9 Make Check Payable to Departme		will be \$5	50.00	10. Election Campaign F Trust Fund Contributi	· -		00 May Be d to Fees	
11. OFFICERS AND DIRECTORS 12					****	ΑI	ODITIONS/CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VEITIA, DIEGO J 250 PARK AVENUE SOUTH SUITE 200 WINTER PARK FL				E ME EET ADDRESS (- ST-ZIP	VEITIA 250 PA	e title to () A, DEIGO J. ARK AVENUE SOUTH R PARK, FL 3278	, SUITE	KX Change E 200	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPM VEITIA, T	resa n K avenue south, ste	☐ Delete			VEITIA 250 PA	lelete (P) A-WILLIAMSON, TR ARK AVENUE SOUTH R PARK, FL 3278	, SUITE	XXChange 200	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	t Hinz, Jo	NATHAN K AVE SOUTH STE 200	☐ Delete			***			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	***************************************		☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	CITY	ME EET ADDRESS (-ST-ZIP	ad in Costice	119 07(3)(i) Florida Statutes	Lfurther con	Change	Addition	

I nereby certify that the information supplied with this filling does not quality 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 all other like empowered.

SIGNATURE: 🗻

Jona SIGNATURE AND TYPED OR PRINTED NAME AND SIGNING OFFICER OR DIRECTOR

Jonathan Hinz

4/26/2001

407-629-1400

Daytime Phone #