-2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P 950000 585\$1 May 11, 2000 8:00 am Secretary of State REAL ESTATE FUNDING COMPANY 05-11-2000 90286 008 ***150.00 Principal Place of Business Mailing Address 6565 Collins Ave 6565 Collins Avenue MIAMI BEACH, Fl. 33141 MIANI BEACH, Pl. 33141 655650 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable Zip Country Country \$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 Name Street Address (P.O. Box Number is Not Acceptable) SUSSMAN, JOEL 6565 Collins Avenue Zip Code MIAMI BRACH, Fl. 33141 FL 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 пдиді ГінЕ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 12. CR2E034 (9/99) ☐ Addition ☐ Delete TITLE SUSSMAN Joel 6565 Collins Avenue NAME STREET ADDRESS CITY-ST-ZIP ST-ZIP MIAMI BEACH Change ☐ Addition Delete TITLE IRA NAME SUSSMAN 6565 Collins Avenue 1000000 STREET ADDRESS HIAMI BEACH, Pl. 33141 CITY-ST-ZIP ST ZIP Addition ☐ Delete TITLE Change NAME - Innerg STREET ADDRESS ST-21P CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete STREET ADDRESS CITY-ST-ZIP ST-ZIP ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS ADDDEED CITY-ST-ZIP ST-7P ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS AIMINDECC CUTY-ST-ZIP ST ZIP 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 all other like empowered. SC CY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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