FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT/(UBR)**

FILED May 05, 2003 8:00 am Secretary of State

05-05-	2003	91788	$\Omega 1 \Omega$	***1	50	Ω
- 03-03-	-2003	21/00	oro		JU.	.VV

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1. Entity Nam	NG TRUST INTERNA	FIONAL, INC.					
	DO NOT WRITI	E IN THIS S	PAC	E			
	lace of Business ation Avenue	3. Mailing Address 3225 Aviation Av	enue				
Suite, Apt. Suite 700	 	Suite, Apt. #. etc. Suite 700				DO NOT WRITE IN THIS SP.	
City & State Coconut (Grove, FL	City & State Coconut Grove. F	7		4. F	El Number 65-0629849	Applied For Not Applicable
33133	Country USA	Zip 33133	USA	•			8.75 Additional
į				Name Stew			gen
	DO NOT W					ox Number is Not Acceptable)	
	IN THIS SI	PACE		<u> </u>		venue, Suite 700	
Į				City Cocon	ut Gro	ve, FL FL	Zio Code 33133
	named entity submits this statement ions of registered agent.	for the purpose of changing if	s register	red office or regis	tered age	ent, or both, in the State of Florida. I am fam ,	illiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered ager	t and title if applicable. (NC	TE: Registere	ed Agent signature requ	red when rei		2. 24.2
	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department o	of State				9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AND						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Stewart Marcus 3225 Aviation Avenue, 7th Floor Coconut Grove, FL 33133			1			20/04/ EX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Vice President and Tr Randy Rieger 3225 Aviation Avenue, 7th Floor Coconut Grove, FL 33133						i c
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Vice President and So W. Peter Ternling 3225 Aviation Avenue, 7th Floor Coconut Grove, FL 33133	•		I.		DO NOT WRIT	Έ
TITLE Senior Vice President Wayne O. Norris STREET ADDRESS 3225 Aviation Avenue, 7th Floor COconut Grove, FL 33133			į.		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Ł .			
TITLE NAME STREET ADDRESS			TITL NAM STRI	i i			

12. 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE	S	IG	N	ΑT	ť	R	Ε
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(305) 860-8188

Daytime Phone #