2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # P98000001413 May 12, 2000 8:00 am Secretary of State JCM FINANCIAL GROUP, INC. 05-12-2000 90071 002 ***150.00 Principal Place of Business Mailing Address 811 NW 103 TR.#105 811 NW 103 TR.#105 PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33024-1675 Principal Place of Business 3. Mailing Address 7380 STIRLING CAGR ROAD 7380 STRLIKG DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. 101 101 APT City & State DAV 1E 4. FEI Number Applied For DAVIE FLORIDA 65-0808143 FLORIDA Not Applicable 330 R4 Country \$8.75 Additional Country 5. Certificate of Status Desired 3024 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WEHD OZA H ALUET .== MENDOZA, JUAN C 811 NW 103 TR.#105 PEMBROKE PINES Ft 33026 73 30 2 L 8. The above named entity submits this spatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. MEHDOZA HAVG SIGNATURE Signature, typed (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/99) DPS ☐ Delete MEMDOZA, JUAH MENDOZA, JUAN C NAME 平101 7380 STIRLING ROAD STREET ADDRESS STREET ADDRESS 811 NW 103 TR.#105 33024 CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33026 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE

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 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 addrass, with all other like empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

JUNHOU MEHOUZA

☐ Delete

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4|28|200

(954) 432-4076

☐ Change

■ Addition

Daytime Phone