FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 12, 2002 8:00 am Secretary of State P99000015476 DOCUMENT # 1. Entity Name INTERNATIONAL LANDMARK GROUP, INC. 05-12-2002 90542 036 ***150 00 Mailing Address Principal Place of Business PO BOX 144040 7523 NW 8TH STREET STE-202 CORAL GABLES FL 33114 US MTAMI FL 33126 3. Mailing Address 2. Principal Place of Business 3750 W.16TH AVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 126 U Applied For City & State 4. FEI Number City & State 65-0899763 FLORIDA Not Applicable **HEALEAH** \$8.75 Additional Zip Country 5. Certificate of Status Desired DADE 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FRANK URAGA URAĠA: FRANK Street Address (P.O. Box Number is Not Acceptable) W. IGTH AVE. STE 7525 NW OTH STREET STE-202 MIAMI FL 99120 Zio 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 FRANK URAGA SIGNATURE red agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. 🔀 Delete TITLE URAGA, FRANK 3750 W. 16 TH AVE. STE 1264 URAGA, FRANK NAME 7525 NW 8TH STREET STE-202 STREET ADDRESS STREET ADDRESS FL. 33012 CITY-ST-ZIP HIALEAH CITY-ST-ZIP MIAMI FL-33126 TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/0:

302-231-2251

Daytime Phone #