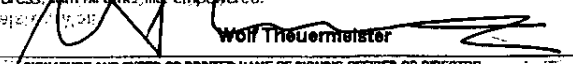


2002

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

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90738 014 ***158.75

DOCUMENT # P99000056573			
1. Entity Name FIRST EUROFINANZ CORPORATION			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 25 SE 2nd Avenue		3. Mailing Address 25 SE 2nd Avenue	
State, Apt. #, etc. 1148		Suite, Apt. #, etc. 1148	
City & State Miami Florida		City & State Miami Florida	
Zip 33131	Country Miami-Dade	Zip 33131	Country Miami-Dade
4. FFI Number 65-0971972		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
7. Name and Address of Current Registered Agent			
Name ZENDO CAPITAL INC.			
Street Address (P.O. Box Number is Not Acceptable) 1717 N.Bayshore Drive, Suite 3452			
City Miami		FL	Zip Code 33132
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 help if applicable. (NOTE: Projected Agent signature required when transacting)			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☒ (See criteria on back)		January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P D Theuermeister, Wolf 1717 N.Bayshore Drive, Suite 3452 Miami, FL 33132	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Baumgartner, Heidrun 1717 N.Bayshore Drive, Suite 3452 Miami, FL 33132	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 on an attachment with an address with all the office employed.			
SIGNATURE: 		Wolf Theuermeister 03-26-02 305-372 0706	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

B0062019

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)