FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 21, 2002 8:00 am Secretary of State P99000093110 DOCUMENT # 1. Entity Name INDEPENDENT FINANCE CONSORTIUM, INC. 05-21-2002 91153 034 ***158.75 Mailing Address Principal Place of Business 14771 SW 138 TERR. 14771 SW 138 TERR. MIAMI FL 33196 MIAMI FL 33196 2. Principal Place of Business ,O. BOX DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For & State • 4. FEI Number 65-0956955 IAMI Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SENGER SENGER, ROSA 14771 SW 138 TERR. MIAMI FL 33196 Zip 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) tered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Delete Delete TITLE TITLE SENGER, ROSA NAME 14771 SW 138 TERR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33196 CITY-ST-ZIP VID - - -Change Addition Delete 🗆 🗀 TITLE TITI F SENGER, ENRIQUE C NAME NAME 14771 SW 138 TERR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33196 CITY-ST-ZIP ☐ Addition TITLE ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TOTALE NAME NAME STREET ADDRESS 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 on the receiver, or true the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

of the corporation or the receiver or trustee err changed, or on an attachment with an address

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

all other like empowered.