FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 12, 2002 8:00 am Secretary of State P99000109119 DOCUMENT # 1. Entity Name INTERNATIONAL LANDMARK MORTGAGE CORP. 05-12-2002 90541 033 ***150.00 Principal Place of Business Mailing Address PO BOX 144040 7525 NW-0TH ST CORAL GABLES FL 33114 STE-202 MIAMI-FL 33126 IIC. 3. Mailing Address 2. Principal Place of Business Ave. 3750 W. 16TH DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 126 U Applied For 4. FEI Number City & State City & State 65-0974498 Not Applicable HIALEAH \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 33012 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FRANK URAGA URAGA, FRANK Street Address (P.O. Box Number is Not Acceptable) 7525 NW-8TH-ST 5+e 126 U 3750 W. 16TH Ave. STE 202 MIAMI FL 33126 HEALEAH 8. The above name pentity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. REGISTERED AGENT Signature, typed or printed name of registered tigant and title if applicable. 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 TIVLE FRANK URAGA 3750 W. 16TH AVE Stelagy NAME URAGA, FRANK NAME STREET ADDRESS 7525 NW 8TH ST; STE 202 STREET ADDRESS HIALEAH FL. 33012 CITY-ST-ZIP **MIAMI FL 33126** CITY-ST-ZIP ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete 📗 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

| The company 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 the corporation 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 the corporation 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 the corporation of the corporation or the receiver or trustee empowered.

SIGNATURE:

| Date |