

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90035 026 ***150.00

0201996

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 384294

1. Corporation Name
APPCO FINANCE CORPORATION

Principal Place of Business 3915 BISCAYNE BLVD., 3RD FLR MIAMI FL 33137	Mailing Address 3915 BISCAYNE BLVD., 3RD FLR MIAMI FL 33137
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/21/1971	
21	22	26	27	4. FEI Number 59-1406052	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	24	28	29	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip	Country	Zip	Country		
25	29	30			

9. Name and Address of Current Registered Agent

MENDEZ, FRANK
3915 BISCAYNE BLVD.
4TH FLOOR
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name Guy Junger
82 Street Address (P.O. Box Number is Not Acceptable) 3915 Biscayne Blvd.
83
84 City Miami, FL
85 Zip Code 33137

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Guy Junger* (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ESPIN, ROBERTO	
STREET ADDRESS	3915 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MOHAMAD, LUCIA	
STREET ADDRESS	3915 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CUADRA, HENRY	
STREET ADDRESS	3915 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALVAREZ, LUIS	
STREET ADDRESS	3915 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	LOPEZ, JUAN	
STREET ADDRESS	3915 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jackson, Shaun	
2.3 STREET ADDRESS	3915 Biscayne Blvd.	
2.4 CITY-ST-ZIP	Miami, FL 33137	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Zuhlke, James	
3.3 STREET ADDRESS	3915 Biscayne Blvd.	
3.4 CITY-ST-ZIP	Miami, FL 33137	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	T/S/D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Lopez, Juan	
5.3 STREET ADDRESS	3915 Biscayne Blvd.	
5.4 CITY-ST-ZIP	Miami, FL 33137	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Star, William	
6.3 STREET ADDRESS	3915 Biscayne Blvd.	
6.4 CITY-ST-ZIP	Miami, FL 33137	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Juan A. Lopez* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: **4-29-99** DAYTIME PHONE #: **(305) 576-1115**

CR2E034 (1/198)

X 201