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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G16354 (4)

1. Corporation Name
NATIONAL FIRST FINANCIAL CORP.

Principal Place of Business Mailing Address

**1036 SW FIRST ST
MIAMI FL 33130
US**

**1036 SW 1 STREET
MIAMI FL 33130
US**

2. Principal Place of Business 2a. Mailing Address

21 **1036 S.W. 1 ST.** 26
Suite, Apt. #, etc. Suits, Apt. #, etc.

22 27
City & State City & State

23 **MIAMI, FLORIDA** 28
Zip Country Zip Country

24 **33130** 25 **U.S.** 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report

12/09/1982 **05/01/1984**

4. FEI Number Applied For

59-2390583 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

 \$5.00 May Be Added to Fees

6. Election Campaign Financing Trust Fund Contribution

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**FL ANNUAL RPT/CANTERA ASSOCIATES INC
1038 SW 1 STREET
MIAMI FL 33130**

10. Name and Address of New Registered Agent

81 Name
FLORIDA ANNUAL REPORT SERVICES INC.

82 Street Address (P.O. Box Number is Not Acceptable)
1036 S.W. 1 ST.

83

84 City 85 Zip Code

MIAMI **FL 33130**

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 provisions of, Sections 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* **AMADA C. LOPEZ, PRES** DATE: **4/25/95**

12. OFFICERS AND DIRECTORS

TITLE	PO
NAME	GAVCOVICH, ABRAM
STREET ADDRESS	5520 LA GORCE
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	VAS
NAME	KOCHEN, FANNIE DORIS
STREET ADDRESS	18151 NE 31ST CT. #1102
CITY - ST - ZIP	NO. MIAMI BCH. FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	700001467607
23 STREET ADDRESS	-04/28/95--01010--015
24 CITY - ST - ZIP	****200.00 ****200.00
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

[Handwritten initials]

14. I do hereby certify that the information supplied with this report is true and accurate and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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 its predecessor or its duly authorized agent 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.

SIGNATURE: *[Signature]* DATE: **4/25/95**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **ABRAM GAVCOVICH**