

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

**APPROVED
AND
FILED**

98 APR 24 PM 1:40

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G16354 (4)
1. Corporation Name
NATIONAL FIRST FINANCIAL CORP.

Principal Place of Business 2300 CORAL WAY SUITE 200 MIAMI FL 33145 US	Mailing Address 2300 CORAL WAY SUITE 200 MIAMI FL 33145 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2300 CORAL WAY Suite, Apt. #, etc.		2a. Mailing Address 26 2300 CORAL WAY Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/09/1982	
22 SUITE # 200 City & State		27 SUITE # 200 City & State		4. FEI Number 59-2390583	
23 MIAMI, FLORIDA Zip 24 33145		28 MIAMI, FLORIDA Zip 29 33145		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country 25 US		Country 30 US		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
FLORIDA ANNUAL REPORT SERVICES, INC.
2300 CORAL WAY
#200
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 of 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 Section 607.0505, Florida Statutes.

SIGNATURE *Amada Cantera Lopez* **AMADA CANTERA LOPEZ - PRES.**
Signature (typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GAVCOVICH, ABRAM	
STREET ADDRESS	5520 LA GORCE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	KOCHEN, FANNIE DORIS	
STREET ADDRESS	18151 NE 31ST CT. #1102	
CITY-ST-ZIP	NO. MIAMI BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	200002503952--8
1.3 STREET ADDRESS	-04/28/98--01118--011
1.4 CITY-ST-ZIP	****150.00 ****150.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

Amada

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, and that I am authorized 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 my address.

SIGNATURE *Amada* **4/21/98**

CR2E034 (10/97)