

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

APPROVED AND FILED

90 APR 30 AM 9:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

- 3. Date incorporated or qualified: **12/09/1982**
- 4. FEI Number: **59-2390583** Applied For:  Not Applicable:
- 5. Certificate of Status Desired:  **\$8.75** Additional Fee Required:
- 6. Election to Organize Financing Trust Fund Contribution:  **\$5.00** May be Added to Fees:
- 8. This corporation owns the current year intangible Personal Property Tax:  Yes  No
- 10. Name and Address of New Registered Agent

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # **G16354**

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**

2. Principal Place of Business

21 **2300 CORAL WAY** Suite, Apt. #, etc.

22 **SUITE # 200** City & State

23 **MIAMI FLORIDA** Zip Country

24 **33145** 25 **U.S.**

2a. Mailing Address

26 **2300 CORAL WAY** Suite, Apt. #, etc.

27 **SUITE # 200** City & State

28 **MIAMI FLORIDA** Zip Country

29 **33145** 30 **U.S.**

9. Name and Address of Current Registered Agent

**FLORIDA ANNUAL REPORT SERVICES, INC.**  
**2300 CORAL WAY #200 MIAMI FL 33145**

81 Name

82 Street Address (P.O. Box Number, Not Applicable)

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 or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with and accept the provisions of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* **AMADA CANTERA LOPEZ, PRES.** 5-5-99

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	<b>GAVCOVICH, ABRAM</b>	
STREET ADDRESS	<b>5520 LA GORCE</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE	<b>VAS</b>	[ ] DELETE
NAME	<b>KOCHEN, FANNIE D</b>	
STREET ADDRESS	<b>18151 NE 31ST CT. #1102</b>	
CITY-ST-ZIP	<b>NO. MIAMI BCH. FL</b>	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
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CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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*3/5/99*

14. I hereby certify that the information supplied with this form does not qualify for the exemption stated in Section 119.07(3)(a) Florida Statutes. I further certify that the information indicated on this annual report or supplement of 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 officer or director 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 attached sheet, with all other fees empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0017638

CR2E034 (11/98)