

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 17 PM 11:12

DOCUMENT # H42900 (1)

1. Corporation Name
FENIX FINANCIAL GROUP, INC.

Principal Place of Business: **560 N.W. 165TH STREET ROAD
N. MIAMI FL 33169**
Mailing Address: **PO BOX 693760
MIAMI FL 33269-0760
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/15/1985**
3a. Date of Last Report: **04/25/1994**

2. Principal Place of Business: 21 []
Suite, Apt. #, etc.: 22 []
City & State: 23 []
Zip: 24 [] Country: 25 []
2a. Mailing Address: 26 []
Suite, Apt. #, etc.: 27 []
City & State: 28 []
Zip: 29 [] Country: 30 []

4. FEI Number: **59-2553377**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional
Fee Required**
6. Election Campaign Financing
Trust Fund Contribution: **\$5.00 May Be
Added to Fees**
7. This corporation has liability for intangible tax under S. 100.030,
Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**FRAYND, SAUL
560 N.W. 165TH STREET ROAD
6585 SUNSET DRIVE
N. MIAMI FL 33169**

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: **FL** []

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: [Signature] (NOTE: Registered Agent signature required when re-registering) DATE: []

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	FRAYND, SAUL
STREET ADDRESS	560 NW 165TH STREET ROAD
CITY - ST - ZIP	N. MIAMI FL
TITLE	DC
NAME	FRAYND, MARCOS
STREET ADDRESS	560 NW 165TH STREET ROAD
CITY - ST - ZIP	N. MIAMI FL
TITLE	DS
NAME	FRAYND, PAUL
STREET ADDRESS	560 NW 165TH STREET ROAD
CITY - ST - ZIP	N. MIAMI FL
TITLE	D
NAME	FRAYND, GLADYS
STREET ADDRESS	560 NW 165TH STREET ROAD
CITY - ST - ZIP	N. MIAMI FL
TITLE	DT
NAME	FRAYND, FANNY
STREET ADDRESS	560 NW 165TH STREET ROAD
CITY - ST - ZIP	N. MIAMI FL
TITLE	[]
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	<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	[]

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: [Signature] **04/11/95** (305) 945-9200
DATE: [] (Type in Florida Time #)