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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF, SESTE Sandra B. Mortham

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Secretary of State

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DIVISION OF CORPORATIONS

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appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SOUTHEASTERN 1ST FINANCIAL OF FLORIDA, INC.

Principal Place of Business Mailing Address 3225 AVIATION AVE 3225 AVIATION AVE Suite 101 SUITE 101 MIAMI FL 33133 MIAMI FL 33133-4741 3a. Date of Last Report 08/12/1996 3. Date Incorporated or Qualified 01/15/1993 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0383148 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Foos Zip Country Country Ziρ 8. This corporation has liability for intangible tax under s. 199.032. Yos I No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HABBERT, REBECCA R1 Name 3225 AVIATION AVE. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 101 **MIAMI FL 33133** 83 84 City Zip Code 85 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 6/27/97 Kebeccu J. Habbert SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 13. PSD TITLE DELETE Change 1.1 1110 Addition HABBERT, REBECCA J 1.2 NAME 2601 S BAYSHORE DR #1100 3225 AUIATION AVE #101 STREET ADDRESS 13 STREET ADDRESS MIAMI FL MILAMI ろろしろろ CITY - ST- ZIP 1.4 CITY - \$1 - ZIP DELETE TITLE 2.1 TO LE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-20 2.4 CHY-S1-ZIF TITLE DELETE 3.1 1014 ☐ Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIF DELETE HILE 4.1 TilluE Change Addition NAME 4. 2 NAM! STREET ADDRESS 4.3 STREET ADDRESS CITY-S1-7P 4.4 CITY-ST-ZIP DELETE TITLE 5.1.1III.E ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY-ST-ZIP 5 4 CI1Y - S1 - ZII DELETE THLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CHY+S1+70P 14. I do 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 frue and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or frusting empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name