

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000032586 (7)
1. Corporation Name

CAPITAL FACTORS HOLDING, INC.



Principal Place of Business Mailing Address
**% TIMOTHY E. KISH
1221 BRICKELL AVE., 12TH FLOOR
MIAMI FL 33131**

3. Date Incorporated or Qualified **04/29/1994** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address
21 **1799 W. Oakland Park Blvd** 26 **1799 W. Oakland Park Blvd.**

4. FEI Number **987565319 65-0500757** Applied For Not Applicable

22 **c/o Michael G. Levine** 27 **c/o Michael G. Levine**

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

23 **Ft. Lauderdale, Fl** 28 **Ft. Lauderdale, Fl**

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 **33311** 25 **U.S.A.** 29 **33311** 30 **U.S.A.**

8. This corporation has liability for intangible tax under s. 199.03? Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**KISH, TIMOTHY E
1221 BRICKELL AVE.
12TH FLOOR
MIAMI FL 33131**

10. Name and Address of New Registered Agent
81 Name **Michael G. Levine**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **1799 W. Oakland Park Blvd.**
84 City **Ft. Lauderdale,** 85 Zip Code **FL 33311**

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 *Michael G. Levine* DATE **June 10, 1996**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	Asst.S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLTZ, JAVIER	1.2 NAME	Michael G. Levine
STREET ADDRESS	94 LA GORCE CIRCLE	1.3 STREET ADDRESS	1799 W. Oakland Blvd.
CITY-ST-ZIP	MIAMI BCH FL	1.4 CITY-ST-ZIP	Ft. Lauderdale, Fl 33311
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIEFER, JOHN	2.2 NAME	
STREET ADDRESS	2715 NE 15TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LADUERDALE FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDERMOTT	3.2 NAME	
STREET ADDRESS	1799 W OAKLAND PARK BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLTZ, DANIEL	4.2 NAME	
STREET ADDRESS	3545 ANCHORAGE WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KISH, TIMOTHY	5.2 NAME	
STREET ADDRESS	12100 MOSS RANCH RD	5.3 STREET ADDRESS	300001872273
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	-06/24/96--01015--003
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHMAN, STEPHEN	6.2 NAME	
STREET ADDRESS	2540 MASSACHUSETTS AVE NW	6.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	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 119.07(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 617, 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 **June 10, 1996** (305) 536-1500

CR2E034 (3/96)

6-21-96