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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000032541 (0)
1. Corporation Name
EMBASSY FINANCIAL SERVICES, INC.



Principal Place of Business: 1360 S DIXIE HIGHWAY CORAL GABLES FL 33146
Mailing Address: 1360 S DIXIE HIGHWAY CORAL GABLES FL 33146-2804

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	1390 S. Dixie Hwy	26	1390 S. Dixie Hwy	04/08/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22 Suite 1310		27 Suite 1310		05-0669509	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Coral Gables, FL		28 Coral Gables, FL		<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip 33146	25	Country USA	29	30
33146		USA		3. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
OLLE, DENNIS J
201 S BISCAYNE BLVD SUITE 1402
MIAMI FL 33131

10. Name and Address of New Registered Agent

81	Name	Ronald A. Shuffield
82	Street Address (P.O. Box Number is Not Acceptable)	1360 S. Dixie Hwy
83		
84	City	Coral Gables FL
85	Zip Code	33146

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: Ronald A. Shuffield Ronald A. Shuffield, Secretary 4/28/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when releasing) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HARPER, ALLEN C	
STREET ADDRESS	1360 S DIXIE HIGHWAY	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHUFFIELD, RONALD A	
STREET ADDRESS	1360 S DIXIE HIGHWAY	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEUMEYER, JAMES E	
STREET ADDRESS	1360 S DIXIE HIGHWAY	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	Director / Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.8 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Director / Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Secretary	
2.8 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Director / Chairman Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Newmeyer, James E	
3.8 STREET ADDRESS	1390 S. Dixie Hwy Suite 1310	
3.4 CITY-ST-ZIP	Coral Gables, FL 33146	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.8 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.8 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.8 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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: Ronald A. Shuffield 4/28/97 205-1667-8071

CR2E034 (9/96)