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PROFIT CORPORATION ANNUAL REPORT

1997

CITY - ST - ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Apr 07 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000080571 (8)

PHOENIX FINANCIAL GROUP, INC.

Principal Place of Business Mailing Address 6820 SOUTHWEST 2 STREET 6820 SOUTHWEST 2 STREET MIAMI FL 33144-2804 MIAMI FL 33144 3. Date Incorporated or Qualified 3a. Date of Last Report 09/27/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 29 30 Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name AMERILAWYER CHARTERED Opio 343 ALMERIA AVENUE 8 Pox Number is Not Ar 82 Street Address CORAL GABLES FL 33134 83 84 City 85 3360AA n<u>Qmi</u> 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 appointment as registered agent. Signatures.

SIGNATURE Signature, typed or printed name of registered agent and title if app ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. **PSTD** DELETE Change ___ Addition 1.1 TITLE THLE YNGERTO, MARIO 1.2 NAME NAME 6820 SOUTHWEST 2 STREET STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33144** 1.4 CITY-ST-ZIP City-St-76 Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADORESS 2. 4 CITY - ST - ZIP CHY-SI-ZII DELETE Change ☐ Addition 3.1 TITLE THEF 3.2 NAME MALIF 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-7# DELETE Change Addition TIFLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET AUDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIF DELETE Change Addition 5.1 TITLE Hitt 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 54 CITY-ST-ZIP CITY - \$1 - 712 Change Addition DELETE 61 TITLE 100 62 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS

6.4 CITY - \$7 - 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 Chaptel 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address