

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

**APPROVED AND FILED**

**CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
 SAC: B. Morham  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

95 APR 25 AM 9:24

**DOCUMENT # S36757 (0)**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

1. Corporation Name  
**AMERIFINANCIAL, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business: **345 ALMERIA AVE CORAL GABLES FL 33134 US**  
 Mailing Address: **PO BOX 143746 CORAL GABLES FL 33114-3746 US**

3. Date Incorporated or Qualified: **03/11/1991**  
 3a. Date of Last Report: **04/29/1994**

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

4. FEI Number: **65-0257046**  
 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**

6. This corporation has liability for intangible tax under S. 189.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**SPIEGEL, LAWRENCE J.  
 345 ALMERIA AVE  
 CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when re-registering)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>DPS</b>
NAME	<b>SPIEGEL, LAWRENCE J</b>
STREET ADDRESS	<b>345 ALMERIA AVE</b>
CITY - ST - ZIP	<b>CORAL GABLES FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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]* **4-24-95** **305 460-2500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Digits in Parenthesis