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PROFIT CORPORATION ANNUAL REPORT

**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 236015

1. Corporation Name
M P & C FINANCIAL COMPANY

| Principal Place of Business | Mailing Address |
|---|---|
| 316 ROYAL POINCIANA PLAZA<br>WEST PALM BEACH FL 33480 | 316 ROYAL POINCIANA PLAZA<br>WEST PALM BEACH FL 33480 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/03/1960

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 340 Royal Poinciana Way | 26 340 Royal Poinciana Way |
| 22 Suite, Apt. #, etc. Suite 316 | 27 Suite, Apt. #, etc. Suite 316 |
| 23 City & State Palm Beach, FL | 28 City & State Palm Beach, FL |
| 24 Zip 33480 25 Country USA | 29 Zip 33480 30 Country USA |

4. FEI Number: 59-0901853 ☐ 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

8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

**9. Name and Address of Current Registered Agent**

CARSON, DONALD W.
316 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

**10. Name and Address of New Registered Agent**

81 Name: Carson, Donald W.
82 Street Address (P.O. Box Number is Not Acceptable): 340 Royal Poinciana Way
83 Suite 316
84 City: Palm Beach FL 85 Zip Code: 33480

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 title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | V | ☐ DELETE | 1.1 TITLE | 340 Royal Poinciana Way | ☐ Change ☐ Addition |
| NAME | HERNANDEZ, OSCAR R. | | 1.2 NAME | Suite 316 | CORRECTION |
| STREET ADDRESS | 316 ROYAL POINCIANA PLAZ | | 1.3 STREET ADDRESS | Palm Beach, FL 33480 | |
| CITY-ST-ZIP | PALM BEACH FL 33480 | | 1.4 CITY-ST-ZIP | | |
| TITLE | VTD | ☐ DELETE | 2.1 TITLE | 340 Royal Poinciana Way | ☐ Change ☐ Addition |
| NAME | FANJUL, JOSE F. | | 2.2 NAME | Suite 316 | CORRECTION |
| STREET ADDRESS | 316 ROYAL POINCIANA PLAZ | | 2.3 STREET ADDRESS | Palm Beach, FL 33480 | |
| CITY-ST-ZIP | PALM BEACH FL 33480 | | 2.4 CITY-ST-ZIP | | |
| TITLE | VAS | ☐ DELETE | 3.1 TITLE | 340 Royal Poinciana Way | ☐ Change ☐ Addition |
| NAME | CARSON, DONALD W. | | 3.2 NAME | Suite 316 | CORRECTION |
| STREET ADDRESS | 316 ROYAL POINCIANA PLAZ | | 3.3 STREET ADDRESS | Palm Beach, FL 33480 | |
| CITY-ST-ZIP | PALM BEACH FL 33480 | | 3.4 CITY-ST-ZIP | | |
| TITLE | VS | ☐ DELETE | 4.1 TITLE | 340 Royal Poinciana Way | ☐ Change ☐ Addition |
| NAME | VALDIVIA, JOSE F. | | 4.2 NAME | Suite 316 | CORRECTION |
| STREET ADDRESS | 316 ROYAL POINCIANA PL | | 4.3 STREET ADDRESS | Palm Beach, FL 33480 | |
| CITY-ST-ZIP | PALM BEACH FL 33480 | | 4.4 CITY-ST-ZIP | | |
| TITLE | PD | ☐ DELETE | 5.1 TITLE | 340 Royal Poinciana Way | ☐ Change ☐ Addition |
| NAME | FANJUL, ALFONSO | | 5.2 NAME | Suite 316 | CORRECTION |
| STREET ADDRESS | 316 ROYAL POINCIANA PL | | 5.3 STREET ADDRESS | Palm Beach, FL 33480 | |
| CITY-ST-ZIP | PALM BEACH FL 33480 | | 5.4 CITY-ST-ZIP | | |
| TITLE | DAT | ☐ DELETE | 6.1 TITLE | 340 Royal Poinciana Way | ☐ Change ☐ Addition |
| NAME | VALDIVIESO, ROLANDO | | 6.2 NAME | Suite 316 | CORRECTION |
| STREET ADDRESS | 316 ROYAL POINCIANA PLAZ | | 6.3 STREET ADDRESS | Palm Beach, FL 33480 | |
| CITY-ST-ZIP | PALM BEACH FL 33480 | | 6.4 CITY-ST-ZIP | | |

14. I 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, with all other like empowered.

**SIGNATURE:** V.P. 3/24/99 561-655-6303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (1.1/98)