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**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

95 APR 28 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 456959 (6)

1. Corporation Name
GDV FINANCIAL CORPORATION

Principal Place of Business LEGAL DEPT. 9TH FLOOR 2601 S BAYSHORE DR MIAMI FL 33133-2461	Mailing Address LEGAL DEPT. 9TH FLOOR 2601 S BAYSHORE DR MIAMI FL 33133-2461
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/16/1974	3a. Date of Last Report 04/29/1994
4. FEI Number 59-1541187	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199 (32) Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suits, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suits, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent
**MARCIA H. LANGLEY
LEGAL DEPT., 9TH FLOOR
2601 S. BAYSHORE DRIVE
MIAMI FL 33133**

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 _____ (Signature typed or printed name of registered agent and title of agent in state) _____ (NOTE: Registered Agent signature required when registering) _____ (DATE)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	JEFFREY, THOMAS W.
STREET ADDRESS	2601 S. BAYSHORE DRIVE
CITY - ST - ZIP	MIAMI FL
TITLE	VS
NAME	LANGLEY, MARCIA H.
STREET ADDRESS	2601 S. BAYSHORE DRIVE
CITY - ST - ZIP	MIAMI FL
TITLE	VT
NAME	FISCHER, JOHN H.
STREET ADDRESS	2601 S. BAYSHORE DRIVE
CITY - ST - ZIP	MIAMI FL
TITLE	DVC
NAME	MIKESH, LINDA A
STREET ADDRESS	2601 S. BAYSHORE DRIVE
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	KLEINERMAN, PETER S.
STREET ADDRESS	2601 S. BAYSHORE DRIVE
CITY - ST - ZIP	MIAMI FL
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	400001472184
1.3 STREET ADDRESS	-05/03/95--01008--001
1.4 CITY - ST - ZIP	***7800.00 ****200.00
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 checked="" type="checkbox"/> Addition
5.2 NAME	DVAS
5.3 STREET ADDRESS	Julio J. Gonzalez
5.4 CITY - ST - ZIP	2601 S. Bayshore Drive
5.5 CITY - ST - ZIP	Miami, FL 33133
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	DP 4/28
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 in an attachment with an address.

SIGNATURE: _____
PRINTED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Marcia H. Langley

4/10/95 (305) 859-4000