

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **559030** (2)
1. Corporation Name

CITY NATIONAL FINANCING AND INVESTMENT CORPORATION



Principal Place of Business: **201 ALHAMBRA CIRCLE P.O. BOX 140710 CORAL GABLES FL 33114**
Mailing Address: **201 ALHAMBRA CIRCLE P.O. BOX 140710 CORAL GABLES FL 33114**

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 Zip Country

3. Date Incorporated or Qualified: **02/07/1978**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**GUTIERREZ, OMAR
% 201 ALHAMBRA CIRCLE
CORAL GABLES FL 33114**

10. Name and Address of New Registered Agent (81-85)
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 607.0907 and 607.1538, 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 607.0905, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature of person authorized to sign this report (129.07(3)(k), Florida Statutes) (Title: Registered Agent Signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WILLIAMS, LARRY	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	201 ALHAMBRA CIRCLE	12. NAME	
STREET ADDRESS	CORAL GABLES FL	13. STREET ADDRESS	
CITY - ST - ZIP		14. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD GUTIERREZ, OMAR	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	201 ALHAMBRA CIRCLE	22. NAME	
STREET ADDRESS	CORAL GABLES FL	23. STREET ADDRESS	
CITY - ST - ZIP		24. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	STD GUTIERREZ, ELIZABETH	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	201 ALHAMBRA CIRCLE	32. NAME	
STREET ADDRESS	CORAL GABLES FL	33. STREET ADDRESS	
CITY - ST - ZIP		34. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. 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 119.07(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: *Omara Gutierrez* **OMAR GUTIERREZ** 05-31-96 (305) 446-8501
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing

CR2E034 (12/95)