

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Aug 19 1996 8:00 am
Secretary of State

DOCUMENT # 657152 (5)

1. Corporation Name
ELDORADO FINANCIAL GROUP, INC.



| | | | |
|--|---------------------|--|--------------------------------|
| Principal Place of Business | | Mailing Address | |
| 100 MAIN ST., P. O. BOX 350 ARNAUVILLE LA 70512 | | 100 MAIN ST., P. O. BOX 350 ARNAUVILLE LA 70512 | |
| 2602 MCKINNEY AVE, STE 330 DALLAS, TX 75204 | | 2602 MCKINNEY AVE, STE 330 DALLAS, TX 75204 | |
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | 26 | 02/26/1980 | 07/05/1995 |
| Suite, Apt # etc | Suite, Apt #, etc | 4. FEI Number | Applied For |
| 22 | 27 | NOT APPLICABLE | Not Applicable |
| City & State | City & State | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 | 28 | <input checked="" type="checkbox"/> | \$5.00 May Be Added to Fees |
| Zip | Country | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> |
| 24 | 25 | 29 | 30 |
| 24 | 25 | 29 | 30 |

| | |
|---|---|
| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 02/26/1980 | 07/05/1995 |
| 4. FEI Number | Applied For |
| NOT APPLICABLE | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input checked="" type="checkbox"/> | \$5.00 May Be Added to Fees |
| 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> |
| 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| | | | | | | | |
|--|--|--|--|--|--|----|-------------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| KIEFNER, CHARLES 375 DOUGLAS AVE., STE. 1012 ALTAMONTE SPRINGS FL 32714 123 S. WOODLAND ST WINTER GARDEN, FL 34787 | | | | 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: CHARLES KIEFNER *Charles Kiefner* 8/9/96

| | | | | | | | |
|----------------------------|----------------------------|--|--|---|---|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | P | <input checked="" type="checkbox"/> DELETE | | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | FARMER, SAMUEL E | | | 1.2 NAME | | | |
| STREET ADDRESS | 100 MAIN ST. | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ARNAUVILLE LA 70512 | DECEASED | | 1.4 CITY-ST-ZIP | | | |
| TITLE | VT | <input checked="" type="checkbox"/> DELETE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | KIEFNER, CHARLES | | | 2.2 NAME | | | |
| STREET ADDRESS | 375 DOUGLAS AVE. | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32714 | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | FERROUILLET, ALVAREZ T JR. | | | 3.2 NAME | | | |
| STREET ADDRESS | 2640 BARRACKS ST. | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | NEW ORLEANS LA 70119 | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | PRESIDENT/DIRECTOR | <input type="checkbox"/> DELETE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | RICHARD H. HUGHES | | | 4.2 NAME | | | |
| STREET ADDRESS | 2602 MCKINNEY AVE, STE 330 | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | DALLAS, TX 75204 | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | SECRETARY/DIRECTOR | <input type="checkbox"/> DELETE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | VICTOR E. SOLSBERRY | | | 5.2 NAME | | | |
| STREET ADDRESS | 755 10TH CT | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | VERO BEACH, FL 32962 | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | 900001925889 | | |
| NAME | | | | 6.2 NAME | -08/20/96--01029--022 | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | ***383.75 | | |
| CITY-ST-ZIP | | | | 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Richard H. Hughes* 8/13/96 2148717295

CR2E034 (3/96)