FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F94000001506 (4)**

1. Corporation Name
NAHOMI FINANCIAL CORP.

Principal Place of Business	Mailing Address
C/O ALBERTO J. PARLADE. ESQ 3850 SW 87 AVE.. #207 MIAMI FL 33165 US	C/O ALBERTO J. PARLADE. ESQ. 3850 SW 87 AVE.. #207 MIAMI FL 33165-5473 US

3. Date Incorporated or Qualified: 03/24/1994
3a. Date of Last Report: 10/14/1996

2. Principal Place of Business
21: 275 NW Fontainebleau Blvd # 130
22 Suite, Apt. #, etc.: # 130
23 City & State: Miami Florida
24 Zip: 33172
25 Country: USA

2a. Mailing Address
26:
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip:
30 Country:

4. FEI Number: 65-0488448 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PARLADE, ALBERTO J ESQ
3850 SW 87 AVE
SUITE 207
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name: ANTONIO A ROMEU
82 Street Address (P.O. Box Number is Not Acceptable): 275 NW Fontainebleau Blvd # 130
83:
84 City: Miami Florida FL 85 Zip Code: 33172

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: ANTONIO A ROMEU = REGISTERED AGENT — DATE: 4/20/97
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when amending)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTAS ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DI BENEDETTO, CESAR	1.2 NAME	
STREET ADDRESS	AVENIDA FRANCIA, ST ELENA Y PASEO HIPICO,	1.3 STREET ADDRESS	
CITY-ST-ZIP	BARQUISIMETO VENEZUELA	1.4 CITY-ST-ZIP	
TITLE	SVP ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DI BENEDETTO, MARIA P	2.2 NAME	
STREET ADDRESS	AVENIDA FRANCIA, ST ELENA Y PASEO HIPICO,	2.3 STREET ADDRESS	
CITY-ST-ZIP	BARQUISIMETO VENEZUELA	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Cesar Di Benedetto — 4/20/97 — 305 2258066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0223891