## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F95000000278 (0)

INTERN	ET FINANCIAL NETWORK,	INC.			
Principal Place 3921 S.W. 47TI SUITE #1011 DAVIE FL 3331	H AVENUE	Mailing Address 3921 S.W. 47TH AVENUE SUITE #1011 DAVIE FL 33314-2814			
					3. Date Incorporated or Qualified 01/18/1995 3a. Date of Last Report 10/02/1996
2. Principal Pi	lace of Business	2a. Mailing Address	····		4. FEI Number Applied For
21		26			<b>65-0540949</b> Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 Additional Fee Required
City & State		City & State			
23			28		6. Election Campalgn Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country Z.p Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30		Florida Statutes 🔀 Yes 🛄 No
	9. Name and Address of Currer	nt Registered Agent	81		10. Name and Address of New Registered Agent
	CORPORATION SYSTEM		101	Name	
	) South Pine Island Road Ntation FL 33324		82	Street	Address (P.O. Box Number is Not Acceptable)
FUN	MINION FL 33324		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 ago	<u> </u>		ont signature	roquired when renstating) DATE  APPLITACING CHANGES TO OFFICERS AND DIRECTORS IN 49
12.	PSD OFFICERS AN	D DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
NAME	BORO, CLIFFORD T		1.2 NAME		Change Light Manner
STREET ADDRESS 3921 S.W. 47TH AVENUE, STE		E 1011	1.3 STREET	ADDRESS	
CITY-ST-ZIP	DAVIE FL		1.4 CITY - S	ST - ZIP	
TITLE	AS	☐ DELETE	2.1 TITLE		Change Addition
NAME	HEMNES, THOMAS M		2 2 NAME		
STREET ADDRESS	1 POST OFFICE SQUARE		23 STREET ADDRESS		
CITY-ST-ZIP TITLE	BOSTON MA CD	DELETE	2. 4 CITY-	ST-ZIP	Change Addution
NAME	BENNETT, RICHARD	i occur	3.1 TITLE 3.2 NAME		L Charge Addition
STREET ADDRESS	AN MEANY ATTECT ATT ALCE		3.2 NAME	2239004	
CITY-ST-ZIP	NEW YORK NY		3.4. Cily-		
TITLE		DELETE	4.1 THLE		Change 🔀 Addition
NAME			4 2 NAME		STEVEN BROCKS + 401
STREET ADDRESS			4.3 STREET	ADDRESS	THE CONCOUNSE TO 321511 2025
CITY-\$T-ZIP			4.4 CiTY - S	31 - 7IP	BAY HARBOR ISLANDS, FL 33154-2025
TITLE		L] DELETE	5.1 TO LE		D Change Daddition PETER BELTON
NAME DTDTT ADDOCOD			5.2 NAME	I ADDRIGO	71 BROADWAY
STREET ADDRESS CITY-ST-ZIP	l l		5.3 STREET 5.4 OFFY - S		NEW YORK, NY 10006
TITLE	The state of the s	DELETE	61 TITLE	SI-ZIP	Channe Vaddition
NAME		<del></del>	62 NAME		PATRICK BERTON
STREET ADDRESS			6.3 STREE	ADDRESS	10 MONROE PL BROOKLYN, NEW YORK 11201
CITY-ST-ZIP				ST-ZIP	BROOKHYN, NEW YORK 11201
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 is 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 trusted 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.					

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**FILED** 

Apr 23 1997 8:00am

Secretary of State