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.)

1-2

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **F95000005693 (5)**

1. Corporation Name
AUTOLEND IAP, INC.

Principal Place of Business	Mailing Address
420 JEFFERSON AVE. MIAMI BEACH FL 33139	420 JEFFERSON AVE. MIAMI BEACH FL 33139

3. Date Incorporated or Qualified: **11/21/1995**
3a. Date of Last Report:
4. FEI Number: **65-0541221** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 **930 Washington Avenue**	26 **930 Washington Avenue**
Suite, Apt. #, etc. 22 **4th Floor**	Suite, Apt. #, etc. 27 **4th Floor**
City & State 23 **Miami Beach, FL**	City & State 28 **Miami Beach, FL**
Zip / Country 24 **33139** / 25 **Dade**	Zip / Country 29 **33139** / 30 **Dade**

9. Name and Address of Current Registered Agent
PORTER, HELEN
420 JEFFERSON AVE.
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent
81 Name: **Porter, Helen**
82 Street Address (P.O. Box Number is Not Acceptable): **930 Washington Ave, 4th Floor**
83 **Miami Beach, FL 33139**
84 City: **Miami Beach** **FL** 85 Zip Code: **33139**

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 _____ TITLE: Registered Agent's signature required when executing DATE _____
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CCEO SIMON, STEVEN 420 JEFFERSON AVE. MIAMI BEACH FL 33139	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition 930 Washington Ave, 4th Floor Miami Beach, FL 33139
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCFO POND, CHARLEY 420 JEFFERSON AVE. MIAMI BEACH FL 33139	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SCOO PORTER, HELEN 420 JEFFERSON AVE. MIAMI BEACH FL 33139	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☒ Change ☐ Addition 930 Washington Ave, 4th Floor Miami Beach, FL 33139
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Robert Granoff 17800 N.E. 5th Avenue Miami, FL 33162	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D James Newman 2169 15th Street San Francisco, CA 94114	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	D Phil Vitale 5150 Journal Center, Blvd, N.E. Albuquerque, NM 87109 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Drew Sakson 0055 south Meadow View Court Glenwood Springs, CO 81601	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition 500001875155 -06/25/96--01106--007 ***225.00

CR2E034 (3/96)

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 on an attachment with an address.

SIGNATURE: _____ **Chief Operating Officer** 6/14/96 800-288-6536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

FS000000S693 2-2

AUTOLEND GROUP, INC.
BOARD OF DIRECTORS

ROBERT GRANOFF

Business: The Paper Wholesaler
17800 N.E. 5th Avenue
Miami, FL 33162

JAMES NEWMAN

Business: The Firm
2169 15th Street
San Francisco, CA 94114

DREW SAKSON

Business: Drew Sakson Management, Inc.
0055 South Meadow View Court
Glenwood Springs, CO 81601

STEVE SIMON

Business: AutoLend Group, Inc.
930 Washington Avenue, 4th Floor
Miami Beach, FL 33139

PHIL VITALE

Business: 5150 Journal Center
Boulevard, N.E.
Albuquerque, NM 87109
