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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F96000001195 (4)**

1. Corporation Name
COWRY FINANCIAL CORP.

Principal Place of Business	Mailing Address
C/O JOSEPH M. FILLOY, C.P.A., P.A. 100 N. BISCAYNE BOULEVARD, SUITE 700 MIAMI FL 33132	C/O JOSEPH M. FILLOY, C.P.A., P.A. 100 N. BISCAYNE BOULEVARD, SUITE 700 MIAMI FL 33132-2344

3. Date Incorporated or Qualified: 03/08/1996
3a. Date of Last Report:

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

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

4. FEI Number: 52-1866808 ☐ 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

FILLOY, JOSEPH M C.P.A.
100 N. BISCAYNE BOULEVARD, SUITE 700
MIAMI FL 33132

10. Name and Address of New Registered Agent

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BOTTANELLI, AGOSTINO	1.2 NAME	
STREET ADDRESS	14451 LEXINGTON PL	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33325	1.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ESCUDERO, DIGNA	2.2 NAME	
STREET ADDRESS	URBANIZACIONA LAS ACACIAS, CALLE TERCERA	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA, PROVINCIA PANAMA	2.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MURILLO, MARCO	3.2 NAME	
STREET ADDRESS	CALLE ONCE RIO ABAJO EDIFICIO MONTEGO BAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA, PROVINCIA PANAMA	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 ... legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to exec... ...ida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Tino Bottanelli 4-26-97 954-4735178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tino Bottanelli
14451 Lexington Pl.
Davie, FL 33325

Daytime Phone #

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0176253