

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

FILED

May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000001195 (4)

1. Corporation Name
COWRY FINANCIAL CORP.



Principal Place of Business C/O JOSEPH M. FILLOY, C.P.A., P.A. 100 N. BISCAYNE BOULEVARD, SUITE 700 MIAMI FL 33132	Mailing Address C/O JOSEPH M. FILLOY, C.P.A., P.A. 100 N. BISCAYNE BOULEVARD, SUITE 700 MIAMI FL 33132-2344
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3. Date Incorporated or Qualified 03/08/1996	3a. Date of Last Report
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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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

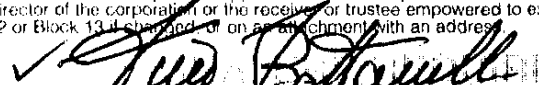
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL
85 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

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	ESCUDEO, 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	

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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE:  Tino Bottanelli
14451 Lexington Pl.
Davie, FL 33325
4-26-97 954-4735178
Daytime Phone # 0176253

CR2E034 (9/96)