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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>CORPORATION<br/>ANNUAL REPORT<br/>1995</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  <b>FLORIDA DEPARTMENT OF STATE<br/>Sandra B. Morton<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |  |
| <b>DOCUMENT # G08403 (9)</b><br>1. Corporation Name<br><b>GM FINANCING GROUP, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                               |  |
| Principal Place of Business<br><b>1200 W 49TH ST<br/>HIALEAH FL 33012</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Mailing Address<br><b>1200 W 49TH ST<br/>HIALEAH FL 33012</b>                                                                                                                                 |  |
| 2. Principal Place of Business<br>21 Suite, Apt #, etc<br>22 City & State<br>23 Zip<br>24 Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 2a. Mailing Address<br>26 Suite, Apt #, etc<br>27 City & State<br>28 Zip<br>29 Country                                                                                                        |  |
| 9. Name and Address of Current Registered Agent<br><b>KOENNING, GEORGE<br/>1200 WEST 49TH STREET<br/>HIALEAH FL 33012</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                               |  |
| 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code<br><b>FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                               |  |
| 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 _____<br><small>(Signature as typed or printed name of registered agent and fee applicable. NOTE: Registered Agent Signature required when registering.)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                               |  |
| 12. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP<br><b>PSD<br/>MACHADO, GUS<br/>1200 W 49TH ST<br/>HIALEAH FL 33012</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY, ST, ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY, ST, ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY, ST, ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY, ST, ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY, ST, ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY, ST, ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                         |  |
| 14. I 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an attachment with my address. |  |                                                                                                                                                                                               |  |
| SIGNATURE: _____<br>_____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | President<br>4/26/95 (305)822-3211<br><small>(Date) (Telephone)</small>                                                                                                                       |  |