## 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 # G08403

(9)

GM FINANCING GROUP, INC.

FILED May 02 1997 8:00am Secretary of State



		Mailing Address				· l			
1200 W 49TH ST 1200 W 49TH HIALEAH FL 33012 HIALEAH FL 3			ISTH ST FL 33012-3217						
						3. Date Incorporated or Qualified 11/12/1982		e of Last 1/1996	
1	Place of Business	2a. Mailing Addre	ess			4. FEI Number 59-2237406		-	Applied For
21 Suite, Apt.	#. etc.	26 Suite, Apt. #,	etc						Not Applicab Additional
22		27				5. Certificate of Status Desired			Required
City & Stat	te	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			d to Fees
Ζφ <b>24</b> ]	Country 25	Z(p	30	Country		8. This corporation has liability for I Florida Statutes	intangible ta ] Yes []		s. 199.032
<u>:41</u>	9. Name and Address of Curi	· v <sub>0.14</sub>	30			10. Name and Address of New Re			
KOE	ENNING, GEORGE			81	Name			*******	
	0 West 49th Street			82	Street Add	dress (P.O. Box Number is Not Acceptab	ole)		
HIAI	LEAH FL 33012								
				63					
				84	City		FL	85 Zip	o Code
<b>11</b> O wo was	to the again one of Sections 607.6	0500 and 607 1509 Fine	do Ctobutos, th	no obou	named as	rporation submits this statement for the p		honoiga	ite registers
	an familiar with, and accept the ob	oligations of, Section 607.	0505, Florida	Statules	7 the corpora 5.	rporation's board of directors. I hereby accep	pi ine appo	unument a	is registered
SIGNATURE	Styriating, typical or printed name of registered	agent and title if applicable	(NOTE: Reg	istered Age	ent signature req	uired when reinstaling)	DATE		
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC			
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	I MACHADO GUIS								
	MACHADO, GUS			1.2 NAME	*********				
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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 my signature shall have the same legal effect as if made under oath; that I am an efficier 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 if company, or on appetitachment with an address.

SIGNATURE:

IGNATURE AND TYPE OF SENTED WAVE OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #