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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

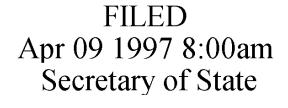
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G26949 1. Corporation Name

(9)

FINANCE INTERNATIONAL, CO.





Principal Place of Business Mailing Address						ומפר היצוע חסום וועום ונפנה ונפנה מעוד ונפוס ווטו סופנס וווטו סוונם סופנס וווטו			
SUITE 2200 ST. PE ST. PETERSBURG FL 33701 US			. BOX 531 PETERSBURG FL 33731-0531						
US					To the second se	3. Date Incorporated or Qualified 03/08/1983		ate of Last 13/1996	
2. Principa	at Place of Business	2a. Mailing Ad	ldress			4. FEI Number		h	Applied For
		26							Not Applicable
2	pt #, etc	27				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & Stat	City & State 28			6. Election Campaign Financing Trust Fund Contribution	9 \$5.00 May Be Added to Fees		
Ziρ	Country	Zip		Countr	y	8. This corporation has liability for			s. 199.032,
·	25	29	30				Yes		
	9. Name and Address of Cu	urrent Registered Agen	!t	81	Name	10. Name and Address of New Re	gistered	Agent	
	ERNANDEZ, ANTONIO	-		"	Ivairie				
2000 BRIGHTWATERS BLVD., NE				82	Street Add	ress (P.O. Box Number is Not Acceptable)			
S	T. PETERSBURG FL 33704								
				83					
				84	City		FL	65 Zi	p Code
SIGNATUR	RE Signature, typical or printed name of negister	red agent and tille if applicable S AND DIRECTORS	(NOTE Rep	istered Ag		poration submits this statement for the partition's board of directors. I hereby acception when reinstating. ADDITIONS/CHANGES TO OFFICE.	DATE		DRS IN 12
OTLE VAME STREET ADDRES OFY - ST- ZIP	FERNANDEZ, ANTONIO		Ì	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-	T ADDRESS			L. Chang	z zounoi
171.51-21" 171.E	ON FEVERIODONO VE		DELETE	2.1 TITLE	51-Zir			Change	Additio
AME				2.2 NAME					
TREET ADORES	SS				T ADDRESS				
IIY-ST-ZIP				2. 4 CITY-	1				
TLE	····			3.1 TITLE				Change	Additio
A.M.E			1	3.2 NAME					
TRELT ADDI-E:	ss.			3 3 STREE	T ADDRESS				
01Y - \$1 - Z0P				3.4. CITY -	ST-ZIP				
ILF			DELETE	4.1 TITLE				Change	Additio
AME			ŀ	4. 2 NAME					
IREE LADDRES	S5			4.3 STREE	F ADDRESS				
HY-ST-ZIP				4.4 CITY-	ST-ZIP				
TLE			DELETE	5.1 TITLE				Change	Additio
AME			ľ	5.2 NAME					
TREET ADDRES	22:		ŀ	5 3 STREE	T ADDRESS				
(TY-ST-7/2				5.4 CITY-	ST-ZIP				
TLF				6.1 TITLE				Change	Additio
AME			Ì	6.2 NAME]				
TREE! ADORES									
	\$5.			6.3 STREE	T ADDRESS				
aty-ST-ZIP	22		1	6.3 STREE 6.4 City~	T ADDRESS				

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 angual 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 contraction of 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 a largery or on an attachment with an address.

SIGNATURE: X

DIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

9/97 (913) 998-0015 Dayline Phone P