FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Apr 13 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 1. Corporation Name G26949 (9) FINANCE INTERNATIONAL, CO. Principal Place of Business Mailing Address ONE PROGRESS PLAZA P.O. BOX 531 ST. PETERSBURG FL 33731 SUITE 2200 ST. PETERSBURG PL 33701 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/08/1983 4. FEI Number 2s. Mailing Address 2. Principal Place of Business Applied For JUD AVE 59-2381195 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Country Zio 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 29 Name and Address of New Registered Agent Name and Address of Current Registered Agent Name FERNANDEZ, ANTONIO 2000 BRIGHTWATERS BLVD., NE 82 Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33704 83 84 City Zip Code 85 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 Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE ___ Change ___ Addition FERNANDEZ, ANTONIO NAME 1.2 NAME 2000 BRIGHTWATERS BLVD., N.E. 1.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL CITY-ST-7IP 1.4 CITY-ST-ZIP Change DELETE 2.1 TITLE Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Addition TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Chance Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE

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NAME

STREET ADDRESS

CITY-ST-ZIP

14. I 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 arrival 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 of the reporter or trustice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed, optim an affachment/with an address.

SIGNATURE: \(\text{SUAVE2} \)

6 2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP