

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

FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G29325 (9)

1. Corporation Name

FINANCIAL RESEARCH SERVICES, INC.

Principal Place of Business

42 N.W. 27TH AVE. #400
P. O. BOX 527-864
MIAMI FL 33125

Mailing Address

42 N.W. 27TH AVE. #400
P. O. BOX 527-864
MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1983

4. FEI Number

59-2269650

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 P O BOX 350428

Suite, Apt. #, etc.

22

City & State

23 MIAMI FL

Zip

24 33135

Country

25

2a. Mailing Address

26 P O BOX 350428

Suite, Apt. #, etc.

27

City & State

28 MIAMI FL

Zip

29 33135

Country

30

9. Name and Address of Current Registered Agent

BARRERA, ROBERT EUGENE
42 N W 27 AVE, STE 400
MIAMI FL 33125

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

C/O CRAIG Z SHERR ESQ

83 3250 MARY STREET SUITE 202

84 City

COCONUT GROVE FL

FL

85 Zip Code

33133

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DP
BARRERA, ROBERT EUGENE
42 N.W. 27TH AVE. #400
MIAMI, FL 00000

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
BARRERA, FRANK
7095 SUNSET DR.
MIAMI FL

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T
YING, ENOS A.
42 N.W. 27TH AVE., STE. 400
MIAMI FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

3250 MARY STREET SUITE 202
COCONUT GROVE FL 33133

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

D
BARRERA, ROBERT EUGENE
3250 MARY STREET SUITE 202
COCONUT GROVE FL 33133

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

T
BARRERA, ROBERT EUGENE
3250 MARY STREET SUITE 202
COCONUT GROVE FL 33133

☒ Change ☒ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 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 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

4-6 SF

301-446-9796

CR2E034 (10/97)