FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 11:30

DOCUMENT # G91980 (4)

1. Corporation Name
CAPITAL FACTORS, INC.

Principal Place of Business	Mailing Address
% JAVIER HOLTZ 1221 BRICKELL AVE. MIAMI FL 33131	% JAVIER HOLTZ 1221 BRICKELL AVE. MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/20/1984	3a. Date of Last Report: 02/23/1994
2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)
4. FEI Number: 58-1565319 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

HOLTZ, JAVIER J.
1221 BRICKELL AVE.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DTS	1.1 TITLE	☐ Change ☐ Addition
NAME	ASHMAN, STEPHEN N.	1.2 NAME	
STREET ADDRESS	815 CONNECTICUT AVE, NW	1.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	KIEFER, JOHN W.	2.2 NAME	
STREET ADDRESS	1799 W OAKLAND PK BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	~~CD~~	3.1 TITLE	CD ☒ Change ☐ Addition
NAME	~~HOLTZ, ABEL~~	3.2 NAME	HOLTZ, DANIEL
STREET ADDRESS	~~1221 BRICKELL AVE.~~	3.3 STREET ADDRESS	1221 BRICKELL AVE
CITY-ST-ZIP	~~MIAMI FL~~	3.4 CITY-ST-ZIP	MIAMI FL
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	WEISELBERG, ALAN	4.2 NAME	
STREET ADDRESS	1221 BRICKELL AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	☐ Change ☐ Addition
NAME	HOLTZ, JAVIER	5.2 NAME	
STREET ADDRESS	1221 BRICKELL AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	~~D~~	6.1 TITLE	D ☒ Change ☐ Addition
NAME	~~PORTNOY, SIMON~~	6.2 NAME	CHASE, RONALD
STREET ADDRESS	~~1221 BRICKELL AVE~~	6.3 STREET ADDRESS	4523 SW 64th AVE
CITY-ST-ZIP	~~MIAMI FL~~	6.4 CITY-ST-ZIP	MIAMI FL

14. I do 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)(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: Christina Chalkley Christina Chalkley 2-10-95 305-730-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0187060 CP

OFFICERS AND DIRECTORS CONTINUED

7 D
OSHRY, HAROLD
5304 WOODLANDS BLVD
TAMARAC FL 33319

8 D
RAIFFE, BRUCE
1 RUNYONS LANE
P O BOX H
EDISON NJ 08817

9 D
LISTANOWSKY, JACK
37 BAILEY DRIVE
WASHINGTON CROSSING PA 18977