FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY -1 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
.1995

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

DOCUMENT # G 95209

1. Corporate Name
A and A Finance Company, Inc

Principal Place of Business
1420 NW 2 Ave
Suite #10
Boca Raton, FL 33432

Mailing Address
1311 S W 20 Ave
Boca Raton, FL 33486
U S.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 4/5/84
3a. Date of Last Report: 4/8/94

2. Principal Place of Business
21: 1420 N W 2 Ave
22 Suite, Apt. #, etc.: #10
23 City & State: Boca Raton, FL
24 Zip: 33432 25 Country: U S.

2a. Mailing Address Effective 5/20/95
26: 1311 S.W 20 Ave
27 Suite, Apt. #, etc.:
28 City & State: Boca Raton, FL
29 Zip: 33486 30 Country: U S.

4. FEI Number: 59-2444457
☐ 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
Marilyn Ramirez
1311 S.W 20 Ave
Boca Raton, FL 33486

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1311 S.W 20 Ave Effective 5/20/95
83
84 City: Boca Raton FL 85 Zip Code: 33486

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 _____ NAME: Registered Agent signature required when name is changed DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P S T D	1.1 TITLE	☒ Change ☐ Addition
NAME	Marilyn Ramirez	1.2 NAME	
STREET ADDRESS	1311 S.W 20 Ave	1.3 STREET ADDRESS	Effective 5/20/95
CITY ST ZIP	Boca Raton, FL 33486	1.4 CITY ST ZIP	1311 S W 20 Ave Boca Raton, FL 33486
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	100001473481 -05/08/95--01026--025
STREET ADDRESS		3.3 STREET ADDRESS	****208.75 ****208.75
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

SF 75/1

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: Marilyn Ramirez Marilyn Ramirez 4/29/95 407-361-9610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #