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

APPROVED AND FILED

95 FEB 27 AM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H54332** **(2)**

1. Corporation Name

RED FINANCIAL CORPORATION, INC.

Principal Place of Business	Mailing Address
% GEORGE R. MORAITIS 915 MIDDLE RIVER DR., S-506 FORT LAUDERDALE FL 33304	% GEORGE R. MORAITIS 915 MIDDLE RIVER DR., S-506 FORT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/19/1985**
3a. Date of Last Report: **03/14/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: **59-2533872** ☐ 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

MORAITIS, GEORGE R.
915 MIDDLE RIVER DR.
SUITE 506
FORT LAUDERDALE FL 33304

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	1.1 TITLE	☐ Change ☐ Addition
NAME	BELMONT, JORGE A.	1.2 NAME	
STREET ADDRESS	5100 N.OCEAN BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	SDV	2.1 TITLE	☐ Change ☐ Addition
NAME	BELMONT, IVONNE	2.2 NAME	
STREET ADDRESS	5100 N.OCEAN BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT.LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	AS	3.1 TITLE	☐ Change ☐ Addition
NAME	BELMONT, FERNANDO	3.2 NAME	
STREET ADDRESS	5100 N. OCEAN BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	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	

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: JORGE BELMONT 1-30-95 (305) 561-5150
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

PRESIDENT

0218176 CP

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Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25): Zip (29): Country (30):

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PRESIDENT