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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

RECEIVED 03/10/1999

STATE OF FLORIDA SECRETARY OF STATE



DOCUMENT # H54332

1. Corporation Name RED FINANCIAL CORPORATION, INC.

Principal Place of Business

% GEORGE R. MORAITIS 915 MIDDLE RIVER DR., S-506 FORT LAUDERDALE FL 33304

Mailing Address

% GEORGE R. MORAITIS 915 MIDDLE RIVER DR., S-506 FORT LAUDERDALE FL 33304

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

Country

24 25 29 30 9. Name and Address of Current Registered Agent

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

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 state if applicable

(NOTE: Registered Agent is paid no fee provided when incorporated)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PDT	[ ] DELETE
NAME	BELMONT, JORGE A.	
STREET ADDRESS	5100 N.OCEAN BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	SDV	[ ] DELETE
NAME	BELMONT, IVONNE	
STREET ADDRESS	5100 N.OCEAN BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	AS	[ ] DELETE
NAME	BELMONT, FERNANDO	
STREET ADDRESS	5100 N. OCEAN BLVD	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

000002786096-4

02/24/99-01091-001

\*\*\*\*150.00 \*\*\*\*150.00

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] 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, with all other like empowered.

SIGNATURE:

Jorge Belmont

2-1-99

954-5234163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number