

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J98152 (8)**

1. Corporation Name

PERSONAL FINANCE COMPANY



Principal Place of Business Mailing Address
~~8420 W FLAGLER ST #223 A MIAMI FL 33144~~ ~~8420 W FLAGLER ST #223 A MIAMI FL 33144~~

2. Principal Place of Business 2a. Mailing Address
21 8788 SW 8th Street 26 8788 SW 8th Street
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Miami, Florida 28 Miami, Florida
24 Zip 25 Country 29 Zip 30 Country
33174 USA 33174 USA

3. Date incorporated or Qualified 10/19/1987 3a. Date of Last Report 05/01/1995
4. FEI Number 65-0006713 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
ACEBO, HUGO
~~8420 W FLAGLER ST #223 A MIAMI FL 33144~~ 8788 SW 8th Street
Miami, Florida 33174

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		<input type="checkbox"/> DELETE	
TITLE	VPD		<input type="checkbox"/> DELETE
NAME	ACEBO, OMNIS B.		
STREET ADDRESS	8420 W FLAGLER ST #223 A		
CITY-ST-ZIP	MIAMI FL		
TITLE	AS		<input type="checkbox"/> DELETE
NAME	DELGADO, LAURA		
STREET ADDRESS	8420 W FLAGLER ST #223 A		
CITY-ST-ZIP	MIAMI FL		
TITLE	PD		<input type="checkbox"/> DELETE
NAME	ACEBO, HUGO		
STREET ADDRESS	8420 W FLAGLER ST #223 A		
CITY-ST-ZIP	MIAMI FL		
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE	VPD		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ACEBO, OMNIS B.		
1.3 STREET ADDRESS	8788 SW 8th Street		
1.4 CITY-ST-ZIP	Miami, Florida 33174		
2.1 TITLE	S		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DELGADO, LAURA		
2.3 STREET ADDRESS	8788 SW 8th Street		
2.4 CITY-ST-ZIP	Miami, Florida 33174		
3.1 TITLE	P/D		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ACEBO, HUGO		
3.3 STREET ADDRESS	8788 SW 8th Street		
3.4 CITY-ST-ZIP	Miami, Florida 33174		
4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
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)(k), 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]* April 17, 1996 (305) 559-2727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (12/95)