
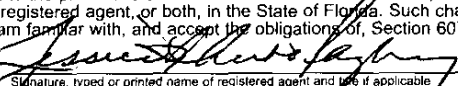


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90119 008 ***163.75

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J98152 06			
1. Corporation Name PERSONAL FINANCE COMPANY			
Principal Place of Business 8788 SW 8th St. Miami, Fl. 33174 US		Mailing Address 8788 SW 8th Street Miami, Fl. 33174 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 10/19/1987		4. FEI Number 65-0006713	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent HUGO ACEBO 8788 SW 8th Street Miami, Fl. 33174		10. Name and Address of New Registered Agent 81 Name Jessica F. Acebo-Pagliery 82 Street Address (P.O. Box Number is Not Acceptable) 8788 SW 8th Street 83 84 City Miami FL 85 Zip Code 33174	
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 fee if applicable		JESSICA F. ACEBO-PAGLIERY (NOTE: Registered Agent signature required when reinstating) DATE 2/23/99	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VPD <input checked="" type="checkbox"/> DELETE NAME ACEBO, OMNIS B. STREET ADDRESS 8788 SW 8th Street CITY-ST-ZIP Miami, FL. 33174		1.1 TITLE PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME ACEBO-PAGLIERY, Jessica F. 1.3 STREET ADDRESS 8788 SW 8th Street 1.4 CITY-ST-ZIP Miami, Florida 33174	
TITLE S <input checked="" type="checkbox"/> DELETE NAME DELGADO, LAURA STREET ADDRESS 8788 SW 8th Street CITY-ST-ZIP Miami, Fl. 33174		2.1 TITLE SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME ACEBO, HUGO E. 2.3 STREET ADDRESS 8788 SW 8th Street 2.4 CITY-ST-ZIP Miami, FL. 33174	
TITLE PD <input checked="" type="checkbox"/> DELETE NAME ACEBO, HUGO STREET ADDRESS 8788 SW 8th Street CITY-ST-ZIP Miami, Fl. 33174		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 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  JESSICA F. ACEBO PAGLIERY 2/23/99 (305) 559-2727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)