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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K14916 (6)
1. Corporation Name
MANCHESTER FINANCIAL SERVICES CORPORATION



Principal Place of Business Mailing Address
% GEORGE BEFELER, ESQ.
MUSEUM TWR, STE 2701, 150 W FLAGLER ST
MIAMI FL 33130
% GEORGE BEFELER, ESQ.
MUSEUM TWR, STE 2701, 150 W FLAGLER ST
MIAMI FL 33130

3. Date Incorporated or Qualified 02/08/1988
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address
21 100 S.E. 2nd Street 26 100 SE 2nd Street
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Nationsbank, Suite 3700 27 Nationsbank, Suite 3700
City & State City & State
23 Miami, Florida 28 Miami, Florida
Zip Zip
24 33131 25 USA 29 33131 30 USA

4. FEI Number 65-0096517
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
BEFELER, GEORGE, ESQ.
MUSEUM TWR ST 2701
150 W FLAGLER ST
MIAMI FL 33130

10. Name and Address of New Registered Agent
81 Name George Befeler, Esq.
82 Street Address (P.O. Box Number is Not Acceptable) Nationsbank Tower, 37 Floor
83 100 S.E. 2nd Street
84 City Miami FL 85 Zip Code 33131

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
TITLE P FREEMAN, ROBERT A
NAME 2801 SO BAYSHORE DR, STE 1425
STREET ADDRESS MIAMI FL
CITY-ST-ZIP
TITLE D SOL, GODOFREDO
NAME 27 AVE SUR PASAJE COLONIA FLOR BLANCA
STREET ADDRESS SAN SALVADOR EL
CITY-ST-ZIP
TITLE George Befeler - Secretary
NAME 100 SE 2nd Street, 37th FL
STREET ADDRESS Miami, Florida 33131
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Secretary
3.2 NAME George Befeler
3.3 STREET ADDRESS 100 SE 2nd Street, 37th Avenue
3.4 CITY-ST-ZIP Miami, Florida 33131
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: X [Signature] Date: Apr 14, 1997 (305) 858-3042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #
0618624

CR2E034 (9/96)