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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K15174

(1)

FILE	D
Apr 14 1998	8 8:00am
Secretary	of State

CRS FINANCIAL CORP. Principal Place of Business 251 SW 11ST MIAMI FL 33130 US 2. Principal Place of Business 21 Suite, Apt. #, etc.	Mailing Address P O BOX 432776 MIAMI FL 33243-9776 2a. Mailing Address 25 Suite, Apt. #, etc.		DO NOT WRITE IN THE 3. Date Incorporated or Qualified 02/11/1988 4. FEI Number 65-0037079 5. Certificate of Status Desired	
Criy & State	City & State	·	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 25	Zip	Country	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible
CARLOS R. SANCHEZ 5005 COLLINS AVE 1201 SUITE 205 MIAMI BEACH FL 33140	Current Registered Agent	81 Name 82 Street Addre 83 84 City	10. Name and Address of New Register ss (P.O. Box Number is Not Acceptable)	85 Zip Code
Pursuant to the provisions of Sections office or registered agent, or both, in the agent. I am familier with, and accrept the SIGNATURE Signature, typed or printed name of registered.	ne State of Florida. Such change was aut le obligations of, Section 607.0505, Florid	thorized by the corporation da Statutes.	oration submits this statement for the purposon's board of directors. I hereby accept the	e of changing its registered appointment as registered
12. OFFICE	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	···
TITLE DP MAME SANCHEZ, CARLOS STREET ADDRESS 5005 COLLINS AVE 12 CITY-ST-ZIP MIAMI BEACH FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST- ZIP		☐ Change ☐ Addition 5
TITLE NAME STREET ADDRESS	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	□ DELETE	3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
CITY-ST-2P TITLE NAME STREET ADDRESS	☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS		Change Addition
City-st-ZIP 14. I hereby certify that the information sup	plied with this filing does not qualify for t	6.4 CITY-ST-ZIP the exemption stated in S	ection 119.07(3)(i), Florida Statutes. I further	r 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 officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and the Block 12 or Block 13 if changed, or on an attachment with an address.