

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

FILED
Feb 09 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT



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

K40835
1. Corporation Name **INTERNATIONAL FINANCIAL CORPORATION
OF SOUTH FLORIDA**

Principal Place of Business Mailing Address
**SUITE #201 "C"
4471 NW 36th STREET
MIAMI SPRINGS
FLORIDA 33166**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
OCTOBER 10th 1988

21	2. Principal Place of Business	2a. Mailing Address	2b. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		65-0746965	Not Applicable
22	City & State	City & State		5. Certificate of Status Desired	Additional Fee Required
				<input checked="" type="checkbox"/>	
23	Zip	Country	28	6. Election Campaign Financing	May Be Added to Fees
				Trust Fund Contribution	<input type="checkbox"/>
24	25	26	27	28	29

9. Name and Address of Current Registered Agent

**DAVID SERNS
SUITE #303
2040 NE 163rd STREET
NORTH MIAMI BEACH, FLORIDA 33169**

10. Name and Address of New Registered Agent

81 Name **DAVID O'SHAUGHNESSY**
82 Street Address (P.O. Box Number is Not Acceptable)
SUITE #201 "C", 4471 NW 36th STREET
83 **MIAMI SPRINGS**
84 City **FL** 85 Zip Code **33166**

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]* FEB. 1st 1998 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT SEC/TRES <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT SEC/TRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALD LAPPAGE	1.2 NAME	DAVID O'SHAUGHNESSY
STREET ADDRESS	2380 DIANA DRIVE SUITE #7	1.3 STREET ADDRESS	SUITE 201 "C" 4471 NW 36th STREET
CITY-ST-ZIP	HALLANDALE, FLORIDA 33009	1.4 CITY-ST-ZIP	MIAMI SPRINGS, FLORIDA 33166
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	500002425285 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	-02/09/98--01043--035
STREET ADDRESS		4.3 STREET ADDRESS	***8.75
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	500002425285 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-02/09/98--01043--034
STREET ADDRESS		6.3 STREET ADDRESS	***150.00
CITY-ST-ZIP		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.

CR2E034 (10/97)