FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K77890** **(7)**

1. Corporate Name
ACORN FINANCIAL SERVICES CORPORATION

Principal Place of Business
9485 SUNSET DR.
SUITE A-270
MIAMI FL 33173
US

Mailing Address
9485 SUNSET DR.
SUITE A-270
MIAMI FL 33173
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/05/1989
3a. Date of Last Report: 06/13/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite Apt. # or — 22
Suite Apt. # or — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 65-0130158 — 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. The corporation has elected to be governed by Chapter 607, 1989 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
TAFFER, JACK J.
3301 N.E. SECOND AVE.
MIAMI FL 33137

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 607.0505 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
(If Applicant is a Corporation, Signature must be by an Officer) (If a Registered Agent is an Individual, the Registered Agent must sign above) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BOATWRIGHT, LEONARD M.	12 NAME	
STREET ADDRESS	15410 SW 84TH AVE.	13 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	14 CITY, ST, ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	TAPPIN, ANTHONY R.	22 NAME	
STREET ADDRESS	7408 SW 168TH TERR.	23 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	24 CITY, ST, ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	ASCHER, ROBERT	32 NAME	
STREET ADDRESS	2001 NW 14TH ST.	33 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	34 CITY, ST, ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	CAREY, GREGORY	42 NAME	
STREET ADDRESS	9625 DOMINICAN DR.	43 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	44 CITY, ST, ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	JACOBS, RON	52 NAME	
STREET ADDRESS	3950 N. 43RD AVE.	53 STREET ADDRESS	
CITY, ST, ZIP	HOLLYWOOD FL	54 CITY, ST, ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	MCCABE, HUGH	62 NAME	
STREET ADDRESS	12520 SW 69TH AVE.	63 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	64 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. 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 the 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: 4/27/95 — Date — 305-279-1555 — Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
A.R. TAPPIN

016041 CP