FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L42154** **(9)**

1. Corporation Name

S & C FINANCIAL SERVICES, INCORPORATED

Principal Place of Business	Mailing Address
C/O ANGEL CASTILLO. JR. 999 PONCE DE LEON BLVD S1000 CORAL GABLES FL 33134	C/O ANGEL CASTILLO. JR. 999 PONCE DE LEON BLVD S1000 CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 01/09/1990
3a. Date of Last Report: 05/25/1995

2. Principal Place of Business
21 1320 South Dixie Highway
Suite, Apt. #, etc. 22 SUITE 450
City & State 23 Coral Gables, Florida
Zip 24 33146 Country 25 USA

2a. Mailing Address
26 1320 South Dixie Highway
Suite, Apt. #, etc. 27 SUITE 450
City & State 28 Coral Gables, Florida
Zip 29 33146 Country 30 USA

4. FEI Number: 26-3806595 ☐ 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CASTILLO, ANGEL, JR.
~~999 PONCE DE LEON BLVD~~
~~SUITE 1000~~
~~CORAL GABLES FL 33134~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1320 South Dixie Highway
83 SUITE 450
84 City Coral Gables FL 85 Zip Code 33146

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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP CASTILLO, ANGEL, JR. ~~999 PONCE DE LEON S1000~~ ~~CORAL GABLES FL~~	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition 1320 SOUTH Dixie Highway, SUITE 450 Coral Gables, Florida 33146
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP STAFFORD, STORMIE ~~999 PONCE DE LEON S1000~~ ~~CORAL GABLES FL~~	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition 1320 SOUTH Dixie Highway, SUITE 450 Coral Gables, Florida 33146
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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)(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 added on attachment with an address.

SIGNATURE: Angel Castillo Jr. President 4-29-96 (305) 662-1212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)