

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L43406** (2)

1. Corporation Name

ANCHOR FINANCE CORPORATION



Principal Place of Business

**5040 N.W. 7TH STREET
SUITE 635
MIAMI FL 33126**

Mailing Address

**5040 N.W. 7TH STREET
SUITE 635
MIAMI FL 33126**

3. Date Incorporated or Qualified

01/16/1990

3a. Date of Last Report

03/02/1995

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

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2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

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4. FEI Number

65-0173551

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

**SANTAMARINA, GEORGE M.
7175 SW 8TH ST
SUITE 204
MIAMI FL 33144**

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 607.0502 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 607.0105, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Officer and Director

Signature of Registered Agent or Director

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**P
TORRES, OSCAR
13090 BISCAYNE IS TERR.
N. MIAMI FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**V
VALERA, CARLOS
2160 SW 123 CT.
MIAMI FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**S
CABRERA, REBECA
13050 BISCAYNE IS TERR.
N. MIAMI FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**T
VALERA, JOSE I.
1039 SW 139 PLACE
MIAMI FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-STATE-ZIP

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99 CITY-STATE-ZIP 100 CITY-STATE-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. 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:

Oscar Torres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
OSCAR TORRES

President 2/8/96 691-7711
DATE OF FILING

CR2E034 (12/95)