

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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L76329 (6)
 1. Corporation Name
FLORIDA INTERNATIONAL FINANCIAL SERVICES CORPORATION



Principal Place of Business 4471 NW 36TH ST SUITE 252 MIAMI SPRINGS FL 33166	Mailing Address 4471 NW 36TH ST SUITE 252 MIAMI SPRINGS FL 33166-7259
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3. Date Incorporated or Qualified 05/30/1990	3a. Date of Last Report 04/22/1996
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2. Principal Place of Business 21 4471 NW 36 STREET Suite, Apt. #, etc. 22 SUITE 256 City & State 23 MIAMI SPRINGS, FL. Zip 24 33166	2a. Mailing Address 26 4471 NW 36 STREET Suite, Apt. #, etc. 27 SUITE 256 City & State 28 MIAMI SPRINGS, FL. Zip 29 33166	30 USA
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4. FEI Number 65-0196437	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent OLIVA, ARTURO 516 MINOLA DR. MIAMI SPRINGS FL 33166	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE OLIVA, ARTURO 516 MINOLA DR. MIAMI SPRINGS FL 33166	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME OLIVA, ARTURO		1.2 NAME	
STREET ADDRESS 516 MINOLA DR.		1.3 STREET ADDRESS	
CITY- ST- ZIP MIAMI SPRINGS FL 33166		1.4 CITY- ST- ZIP	
TITLE VP	<input checked="" type="checkbox"/> DELETE DIANA T. FRAVIDA-OLIVA 516 MINOLA DR. MIAMI SPRINGS, FL. 33166	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME DIANA T. FRAVIDA-OLIVA		2.2 NAME	
STREET ADDRESS 516 MINOLA DR.		2.3 STREET ADDRESS	
CITY- ST- ZIP MIAMI SPRINGS, FL. 33166		2.4 CITY- ST- ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <input type="checkbox"/> DELETE		3.2 NAME	
STREET ADDRESS <input type="checkbox"/> DELETE		3.3 STREET ADDRESS	
CITY- ST- ZIP <input type="checkbox"/> DELETE		3.4 CITY- ST- ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <input type="checkbox"/> DELETE		4.2 NAME	
STREET ADDRESS <input type="checkbox"/> DELETE		4.3 STREET ADDRESS	
CITY- ST- ZIP <input type="checkbox"/> DELETE		4.4 CITY- ST- ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <input type="checkbox"/> DELETE		5.2 NAME	
STREET ADDRESS <input type="checkbox"/> DELETE		5.3 STREET ADDRESS	
CITY- ST- ZIP <input type="checkbox"/> DELETE		5.4 CITY- ST- ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <input type="checkbox"/> DELETE		6.2 NAME	
STREET ADDRESS <input type="checkbox"/> DELETE		6.3 STREET ADDRESS	
CITY- ST- ZIP <input type="checkbox"/> DELETE		6.4 CITY- ST- ZIP	

14. I do 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 register 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 in an attachment with an address.

SIGNATURE:  **ARTURO OLIVA** **4/22/97 (305) 888-9222**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)