FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # M03649 (4)

1. Corporation Name

NGMC FINANCE CORPORATION, IV

Principal Place of Business
700 NW 107TH AVENUE
MIAMI FL 33172

Mailing Address
700 NW 107TH AVENUE
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business — 21 — Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address — 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30

3. Date Incorporated or Qualified: **08/07/1984**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-2433347** ☐ 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 paid the intangible tax under S. 199.???, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WATSKY, MORRIS J. ESQUIRE 700 NW 107TH AVE. MIAMI FL 33172	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 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	CD	1 TITLE	☐ Change ☐ Addition
NAME	MILLER, LEONARD	1 NAME	
STREET ADDRESS	700 NW 107TH AVE.	1 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1 CITY-ST-ZIP	
TITLE	D	2 TITLE	☐ Change ☐ Addition
NAME	BOLOTIN, IRVING	2 NAME	
STREET ADDRESS	700 NW 107TH AVE.	2 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2 CITY-ST-ZIP	
TITLE	D	3 TITLE	☐ Change ☐ Addition
NAME	COLE, ROBERT B.	3 NAME	
STREET ADDRESS	700 NW 107TH AVE.	3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3 CITY-ST-ZIP	
TITLE	D	4 TITLE	☐ Change ☐ Addition
NAME	PEKOR, ALLAN	4 NAME	
STREET ADDRESS	700 NW 107TH AVE.	4 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4 CITY-ST-ZIP	
TITLE	VP	5 TITLE	☐ Change ☐ Addition
NAME	KAMINSKY, NANCY	5 NAME	
STREET ADDRESS	700 NW 107TH AVE.	5 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5 CITY-ST-ZIP	
TITLE	VS	6 TITLE	☐ Change ☐ Addition
NAME	REED, LINDA	6 NAME	
STREET ADDRESS	700 NW 107TH AVE.	6 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6 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)(i), Florida Statutes. I further certify that the information indicated on the 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: [signature] Nancy Kaminsky 4/18/95 (305) 229-6400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0187326 CP