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 # M21644

1. Corporation Name

EASTERN FUNDING CORP.

Principal Place of Business	Mailing Address
C/O SAMUEL STEEN 1500 SAN REMO AVE SUITE 215 CORAL GABLES, FLORIDA	C/O SAMUEL STEEN 1500 SAN REMO AVE SUITE 215 CORAL GABLES, FL

3. Date Incorporated or Qualified: 10/04/1985
3a. Date of Last Report: 4/01/1995

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

2a. Mailing Address
26: SAMUEL STEEN
Suite, Apt. #, etc.
27: P.O. BOX 431433
City & State
28: MIAMI, FL
Zip 29: 33243 Country 30: USA

4. FEI Number: 59-2585012 ☐ 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

STEEN, SAMUEL
P.O. BOX 431433
MIAMI, FL. 33243

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 607.1608, 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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OP WEISSBLATT, HENRY 666 LAKESIDE BLVD. BOCA RATON, FLORIDA	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MIRANDA, WILLIAM J. 13033 SW 63 COURT MIAMI, FLORIDA	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT AIBEL, JONATHAN E 10524 SW 60 AVENUE MIAMI, FL. 33157	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS AIBEL, HAROLD 7306 SW 133 TERRACE MIAMI, FLORIDA	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	000001783470 -04/17/96--01025--003 ***200.00	☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	6463 SW 107 STREET MIAMI, FLORIDA	☒ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	701 ARVIDA PARKWAY CORAL GABLES, FLORIDA	☒ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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.

4-16-96

SIGNATURE: [signature] HAROLD AIBEL 4/9/96 (305) 883-1920

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