FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M22631** **(9)**

1. Corporation Name
FINANCIAL ACQUISITIONS INC.

Principal Place of Business	Mailing Address
2929 SW 3RD AVE. SUITE 1 MIAMI FL 33129	2929 SW 3RD AVE. SUITE 1 MIAMI FL 33129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/29/1985
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business	2a. Mailing Address
21 777 Arthur Godfrey Rd.	26 P.O. Box 40-2688
Suite, Apt. #, etc 22 2nd Floor	Suite, Apt. #, etc 27
City & State 23 Miami Beach, FL.	City & State 28 Miami Beach, FL.
Zip 24 33140 Country 25 Dade	Zip 29 33140-0688 Country 30 Dade

4. FEI Number: NOT APPLICABLE ☐ 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

HICKS, SUSAN E
2929 SW 3RD AVE.
SUITE 1
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name: Hicks, Susan E.
82 Street Address (P.O. Box Number is Not Acceptable): 777 Arthur Godfrey Rd.
83: 2nd Floor
84 City: Miami Beach FL 85 Zip Code: 33140

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: [signature] Susan E. Hicks 4/21/95
(Signature, typed or printed name of registered agent, and title, if applicable) (Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	11 TITLE	PS ☒ Change ☐ Addition
NAME	HICKS, SUSAN E	12 NAME	Hicks, Susan E.
STREET ADDRESS	2929 SW 3RD AVE., STE. 1	13 STREET ADDRESS	777 Arthur Godfrey Rd., 2nd Floor
CITY ST ZIP	MIAMI FL 33129	14 CITY ST ZIP	Miami Beach, FL. 33140
TITLE	VT	21 TITLE	VT ☒ Change ☐ Addition
NAME	BARREDO, PETER	22 NAME	Barredo, Peter
STREET ADDRESS	2929 SW 3RD AVE., STE. 1	23 STREET ADDRESS	777 Arthur Godfrey Rd
CITY ST ZIP	MIAMI FL 33129	24 CITY ST ZIP	Miami Beach, FL. 33140
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	700001474587
CITY ST ZIP		34 CITY ST ZIP	-05/03/95--01178--016
TITLE		41 TITLE	****200.00 ****200.00 tion
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	5-1-95 + .9

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 on an attachment with an address.

SIGNATURE: [signature] Susan E. Hicks 4/21/95 305 673-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Title) (Daytime Phone #)

01M466 CP