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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90015 022 ***155.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M51605 1. Corporation Name

ALLEN FINANCIAL SERVICES, INC.

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Principal Plac	e of Business	Mailing Address				11 A1811 41811 41811 A1811	91911 91911 19 0 1	
C/O MARIA L.	ALIFN	C/O MARIA L. ALLEN						
401 MIRACLE MILE. SUITE #404		401 MIRACLE MILE. SUITE #404		DO NOT WRITE IN THIS SPACE				
CORAL GABLE	S FL 33134	CORAL GABLES FL 3313	4		3. Date Incorporated or Qualifed	11110 017102		1
					05/06/1987		•	
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For	١,
2. / ////	.200 0, 200	26			59-2822388	= N	ot Applicable -]
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			_	\$8.75	Additional] -
22		27			5. Certifcate of Status Desired	Fee R	equired]
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Coun	try	8. This corporation owes the current y		4 .	
24	25	29	30		Personal Property Tax.	Yes	No	4
	9. Name and Address of Currer	t Registered Agent	-	221	10. Name and Address of New Regis	stered Agent		-
	F1. 14154 4		į,	81 Name				
ALLEN, MARIA L.				82 Street Add	ress (P.O. Box Number is Not Acceptable)			
	MIRACLE MILE,				A COLD SEE STORY OF BUILDING SEEDS	201 Posts M. (201 1 William	SOAT TIER 1871	ł
	TE 404			83				Ì
COF	RAL GABLES FL 33134		-	84 City	10 4 50	85 Zip	Code	1
		,				FL T		-
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Stat	utes, the ab	ove-named corp by the corporati	poration submits this statement for the purp ion's board of directors. I hereby accept the	oose of changing its e appointment as re	s registered egistered	
agent. La	im familiar with, and accept the obliga	itions of, Section 607.0505, F	lorida Statu	les.	•		_	
SIGNATURE								
	Signature, typed or printed name of registered age			egent signature require	ADDITIONS/CHANGES TO OFFICE	DATE	ORS IN 12	∮ á
12.	T	ID DIRECTORS DELETE	13.	E	TO (1990)	Change	Addition	1 5
TITLE	D ALLEN MADIA I		1.1 1110	·			_	1 1
NAME			40040					1 7
STREET ADDRESS	ALLEN, MARIA L.		1.2 NAM		18 3 8 24 1 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			8
	314 CATALONIA AVENUE		1.3 STF	REET ADDRESS	18 1 1 2 1 3			7000
CITY-ST-ZIP		[] 05: 5TE	1.3 STF 1.4 CIT	REET ADDRESS Y-ST-ZIP	18.17.13	☐ Change	☐ Addition	7000
CITY-ST-ZIP TITLE	314 CATALONIA AVENUE	☐ DELETE	1.3 STF 1.4 C(f) 2.1 T(f)	REET ADDRESS Y-ST-ZIP LE	18 . 17 . 1	☐ Change	Addition	70000
TITLE NAME	314 CATALONIA AVENUE CORAL GABLES FL	☐ DELETE	1.3 STF 1.4 C(f) 2.1 TITL 2.2 NAM	REET ADDRESS Y-ST-ZIP LE		☐ Change	Addition	70000
TITLE	314 CATALONIA AVENUE CORAL GABLES FL	☐ DELETE	1.3 STF 1.4 CIT 2.1 TITL 2.2 NAN 2.3 STF	REET ADDRESS V-ST-ZIP LE ME REÊT ADDRESS		☐ Change	Addition	760300
TITLE NAME STREET ADDRÉSS CITY-ST-ZIP	314 CATALONIA AVENUE CORAL GABLES FL	-	1.3 STF 1.4 C(P 2.1 TITL 2.2 NAN 2.3 STF 2.4 C(T	REET ADDRESS Y-ST-ZIP E ME REET ADDRESS Y-ST-ZIP				CDOECOS
TITLE NAME STREET ADDRESS	314 CATALONIA AVENUE CORAL GABLES FL	☐ DELETE	1.3 STF 1.4 CIT 2.1 TITI 2.2 NAP 2.3 STF 2.4 CIT 3.1 TITI	REET ADDRESS Y-ST-ZIP E ME REET ADDRESS Y-ST-ZIP E		☐ Change	Addition	VCD2C03
TITLE NAME STREET ADDRÉSS CITY-ST-ZIP	314 CATALONIA AVENUE CORAL GABLES FL	-	1.3 STF 1.4 CIP 2.1 TITI 2.2 NAN 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAN	REET ADDRESS Y-ST-ZIP ME REET ADDRESS Y-ST-ZIP E ME				70000
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	314 CATALONIA AVENUE CORAL GABLES FL	-	1.3 STF 1.4 CIT 2.1 TITI 2.2 NAN 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAN 3.3 STF	REET ADDRESS Y-ST-ZIP REET ADDRESS Y- ST-ZIP LE ME REET ADDRESS				CD2C031
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6.4 CITY-ST-ZIP

14. I 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 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, with all other like empowered. SIGNATURE: