

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

FILED

May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M53619 (6)

1. Corporation Name
AMERILOAN FINANCIAL CORP.

Principal Place of Business
500 E. BROWARD BLVD.
~~SUITE 4100~~
FT. LAUDERDALE FL 33394

Mailing Address
500 E. BROWARD BLVD.
SUITE 1100
FT. LAUDERDALE FL 33394-3095



3. Date Incorporated or Qualified 06/10/1987
3a. Date of Last Report 05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc. 920

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number 65-0052371
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

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MARULANDA CARLOS A.
500 E. BROWARD BLVD.
~~SUITE 4100~~
FT. LAUDERDALE FL 33394

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 Suite: 920
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 04-28-97
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	DO	<input type="checkbox"/> DELETE
NAME	MARULANDA, PABLO A.	
STREET ADDRESS	18444 NW 9TH COURT	
CITY-ST-ZIP	PAMBROKE PINES FL	
TITLE	DO	<input type="checkbox"/> DELETE
NAME	MARULANDA, CESAR A	
STREET ADDRESS	894 STANTON DR	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	DO	<input type="checkbox"/> DELETE
NAME	MARULANDA, CARLOS	
STREET ADDRESS	888 STANTON DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	DO	<input type="checkbox"/> DELETE
NAME	Marulanda, Edgar Alfredo	
STREET ADDRESS	312 Sand Creek Circle	
CITY-ST-ZIP	Fort Lauderdale, FL 33327	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2556 Jardin Lane
1.4 CITY-ST-ZIP	Fort Lauderdale FL 33327
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-97 (954)453-0201

Date Daytime Phone #

CR2E034 (9/96)