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May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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	Mailing Address
500 E. BROWARD BLVD. SUITE 920 FT. LAUDERDALE FL 33394 US	500 E. BROWARD BLVD. SUITE 1100 FT. LAUDERDALE FL 33394

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/10/1987

2. Principal Place of Business	2a. Mailing Address
21 983 N. NOB HILL RD.	26 983 N. NOB HILL RD.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 PLANTATION, FL	28 PLANTATION, FL
24 Zip 33324 / 25 Country US	29 Zip 33324 / 30 Country US.

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARULANDA CARLOS A. 500 E. BROWARD BLVD. SUITE 920 FT. LAUDERDALE FL 33394	81 Name: MARULANDA, Pablo A. 82 Street: 983 N. NOB HILL RD. 83 84 City: PLANTATION FL 85 Zip Code: 33324

11. Pursuant to the provisions of Sections 607.1502 and 607.1503, 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: _____ Pablo Marulanda 04-28-98
Signature, type or printed name of reg. agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO MARULANDA, PABLO A. 2556 JARDIN LANE FT LAUDERDALE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	983 N. NOB HILL RD. PLANTATION, FL 33324	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO MARULANDA, CESAR A 694 STANTON DR FT. LAUDERDALE FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO MARULANDA, CARLOS 668 STANTON DRIVE FT. LAUDERDALE FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO MARULANDA, EDGAR ALFREDO 812 SND CREEK CIRCLE FT LAUDERDALE FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/97)

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.

SIGNATURE: _____ Pablo Marulanda 04-28-98