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 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P17866 (5)

1. Corporate Name
AVATAR FINANCE, INC.

Principal Place of Business
255 ALHAMBRA CIRCLE
9TH FL.
CORAL GABLES FL 33134-5102

Mailing Address
255 ALHAMBRA CIRCLE
9TH FL.
CORAL GABLES FL 33134-5102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/02/1988
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City, State (23) (28)
Zip (24) County (25) Zip (29) County (30)

4. FEI Number: 65-0030552 — Applied For / Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation has activity for intangible tax under s. 199.032 Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent
KERRIGAN, JUANITA I.
255 ALHAMBRA CIRCLE
9TH FL
CORAL GABLES FL 33134

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 607.0505, 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

12. OFFICERS AND DIRECTORS

TITLE	~~VT~~
NAME	~~YANOPOULOS, JOHN J~~
STREET ADDRESS	255 ALHAMBRA CIR.
CITY, ST, ZIP	CORAL GABLES FL
TITLE	VD
NAME	GETMAN, DENNIS J.
STREET ADDRESS	255 ALHAMBRA CIR.
CITY, ST, ZIP	CORAL GABLES FL
TITLE	SD
NAME	KERRIGAN, JUANITA
STREET ADDRESS	255 ALHAMBRA CIR.
CITY, ST, ZIP	CORAL GABLES FL
TITLE	PD
NAME	MCNAIRY, CHARLES
STREET ADDRESS	255 ALHAMBRA CIR.
CITY, ST, ZIP	CORAL GABLES FL
TITLE	V
NAME	CHURCHILL, ROBERT
STREET ADDRESS	255 ALHAMBRA CIR.
CITY, ST, ZIP	CORAL GABLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	T	[ ] Change [X] Addition
NAME	SOPSHIN, JEFFREY	
STREET ADDRESS	255 ALHAMBRA CIRCLE	
CITY, ST, ZIP	CORAL GABLES, FL	

14. I hereby certify that the information supplied with this report is accurately furnished and does not qualify for the exemption stated in Section 119.07, Florida Statutes. Further certify that the information contained in 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed) or is attached with an addition.

SIGNATURE: Juanita I. Kerrigan, Secretary 4/20/95 (305) 443-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JUANITA I. KERRIGAN

0141951 CP