

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P36343

1. Corporation Name

FINANTRA CAPITAL, INC.

·	
Principal Place of Business	Mailing Address
1100 PONCE DE LEON BLVD 1004 CORAL GABLES FL 33134 US	PO BOX 143096 CORAL GABLES FL 33114-096 US

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90106 011 ***158.75



DO NOT WRITE IN THIS SPACE

US			3. Date Incorporated or Qualifed	
_			11/12/1991	
2. Principal Pl	ace of Business 2a. Mailing Address	la 1 D	4. FEI Number Applied For	
21 /50-	SUTA (Me 15/AM) (1) 26 /50 XOJA K.	ineishans Ro	7. 13-3571419 Not Applicable	
Suite, Apt.	#, etc. Syje, Apt. #, etc. 27 July 500		5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State	tation FL 28 Montration	FL	6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution Added to Fees	
7in -	Country Zip	Country	8. This corporation owes the current year Intangible	
24 33:	324 25 USA 29 33324 3	~ /~ 1	Personal Property Tax. Yes No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
MAYNARD, HELLMAN ESQ			Jane (D.O. Day Number in Net Acceptable)	
1100 PONE DE LEON BLVD			drass (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134			• (20)	
	. *	84 99	+1+10 FI 85 219 GOS9 V	
44 D:	to the provisions of Spetime 607 0500 and 607 1509 Elected Statutes	the above-named on	rporation submits this statement for the purpose of changing its registered	
office or re	to the provisions of Sections 607 2002 and 007 1000, home sequence egistered agent, or both, in the State of Florida. Such change was auth in familiar with, and accept the obligations of, Section 607.0505, Florid	norized by the corpora	tition's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R:	egistered Agent signature requ	aired when reinstating) DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	POT DELETE	1.1 TITLE	Change Addition	
NAME	PRESS, ROBERT D.	1.2 NAME		
STREET ADDRESS	3000 ISLAND BLVD	1.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	1.4 CITY-ST-ZIP		
TITLE	VPS DELETE	21 TITLE	> PS Michange Addition	
NAME	SCHREIBER, ALYCE	2.2 NAME	sice CHERIDER	
STREET ADDRESS	2500 PARKVIEW DRIVE. #315	2.3 STREET ADDRESS	DOS THREE BLAND BLUD #306	
	HALLANDALE FL 33009	2, 4 CITY-ST-ZIP	ivice scheeiber Por Three BIAND Blud #306 Hallandale, FL 33009	
CITY-ST-ZIP	DELETE	3.1 TITLE	☐ Change ☐ Addition	
		3.2 NAME		
NAME		3.3 STREET ADDRESS		
STREET ADDRESS				
CITY-ST-ZIP	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	☐ Change ☐ Addition	
	,	4.2 NAME		
NAME				
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	. □ DELETE	4.4 CFTY-ST-ZFP	☐ Change ☐ Addition	
TITLE	Dereie	5.1 TITLE 5.2 NAME	_ Shange	
NAME		5.3 STREET ADDRESS		
STREET ADDRESS				
CITY-ST-ZIP		5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition	
TMLE	DELETE		Citative Nation	
NAME	•	6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		

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 angual 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 an application of the corporation of the corpo

6.4 CITY-ST-ZIP