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CORPORATION ANNUAL REPORT

1995 6-5-95 B 7089 C

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 AM 10:56

DOCUMENT # P40739 (5)

1. Corporation Name

MONARCH FINANCIAL CORPORATION OF AMERICA

Principal Place of Business	Mailing Address
45 ROCKFELLER PLAZA 3500 NEW YORK NY 10111 US	45 ROCKFELLER PLAZA 3500 NEW YORK NE 10111 US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 09/21/1992
3a. Date of Last Report: 03/22/1994
4. FEI Number: 13-3485881 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CALDWELL, MANLEY P., JR. 324 ROYAL PALM WAY PALM BEACH FL 33480-4352	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 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CP	11 TITLE	D	☒ Change ☐ Addition
NAME	DI MAGGIO, GARY J.	12 NAME	DiMaggio Gary	
STREET ADDRESS	153 COUNTRY RIDGE	13 STREET ADDRESS	153 Country Ridge	
CITY ST ZIP	RYE NY	14 CITY ST ZIP	Rye NY	
TITLE	DV	21 TITLE	DTS	☒ Change ☐ Addition
NAME	CARMINATI, ANTHONY	22 NAME	Carminati Anthony	
STREET ADDRESS	7100 BOULEVARD EAST #14G	23 STREET ADDRESS	7100 Boulevard East #14G	
CITY ST ZIP	GUTTENBERG NJ	24 CITY ST ZIP	Guttenberg NJ	
TITLE	DS	31 TITLE	CP	☒ Change ☐ Addition
NAME	DES LONDE, JAMES C.	32 NAME	Des Londe James C	
STREET ADDRESS	101 VALLEY DRIVE RD #2	33 STREET ADDRESS	101 Valley Drive Rd #2	
CITY ST ZIP	MILLSTONE NJ	34 CITY ST ZIP	Millstone	
TITLE		41 TITLE	D	☐ Change ☒ Addition
NAME		42 NAME	Averbach Bruce	
STREET ADDRESS		43 STREET ADDRESS	19 Banger Street	
CITY ST ZIP		44 CITY ST ZIP	Staten Island NY 10314	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ President 5/2/95 212-332-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001600 CP