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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 27 PM 4:23

DOCUMENT # P93000011694 (5)

1. Corporation Name
AMERICAN FINANCIAL SERVICES CORPORATION OF SOUTH FLORIDA

Principal Place of Business	Mailing Address
2875 NE 191ST STREET 601 AVENTURA FL 33180	2875 NE 191ST STREET 601 AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/16/1993
3a. Date of Last Report: 06/24/1994

2. Principal Place of Business 21:
2a. Mailing Address 26:

Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:

City & State 23:
City & State 28:

Zip 24: Country 25:
Zip 29: Country 30:

4. FEI Number: 65-0389226 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: XX $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

HOLBROOKE, ANTHONY F
2875 NE 191ST ST
STE 301
AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name: EDWARD M. CHISM
82 Street Address (P.O. Box Number is Not Acceptable): 2875 N.E. 191st STREET
83: SUITE 601
84 City: AVENTURA FL 85 Zip Code: 33180

11. Pursuant to the provisions of Section(s) 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: EDWARD M. CHISM — 1/20/95
Signature, typed or printed name of registered 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	D	11 TITLE	☐ Change ☐ Addition
NAME	CHISM, EDWARD M II	12 NAME	
STREET ADDRESS	21075 NE 34 AVE APT 104	13 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	CHISM, EDWARD M	22 NAME	
STREET ADDRESS	3640 YACHT CLUB DRIVE, NO 1509	23 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL 33180	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	XX Change ☐ Addition
NAME	HOLBROOKE, ANTHONY F	32 NAME	OMIT DIRECTOR
STREET ADDRESS	3400 E POINT DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL 33180	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
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: EDWARD M. CHISM II — 1/20/95 — 305-933-8779
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0197803 CP