

1-14-97 B-0139-C

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 14 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000011694 (5)

1. Corporation Name:

AMERICAN FINANCIAL SERVICES CORPORATION OF SOUTH
FLORIDA

Principal Place of Business

2875 NE 191ST STREET
601
AVENTURA FL 33180

Mailing Address

2875 NE 191ST STREET
601
AVENTURA FL 33180-2833

3. Date Incorporated or Qualified

02/16/1993

3a. Date of Last Report

01/24/1996

4. FEI Number

65-0389226

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 Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes



No

9. Name and Address of Current Registered Agent

CHISM, EDWARD M.
2875 S. E. 191ST STREET
601
AVENTURA FL 33180

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 607.1508, 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

Signature type 1 for printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETENAME
CHISM, EDWARD M II
STREET ADDRESS
21075 NE 34 AVE APT 104
CITY-ST-ZIP
N MIAMI BEACH FL

TITLE

D

☐ DELETENAME
CHISM, EDWARD M
STREET ADDRESS
3640 YACHT CLUB DRIVE, NO 1509
CITY-ST-ZIP
AVENTURA FL 33180

TITLE

☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 both, which report with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward M. Chism II

Date

Daytime Phone #

1-6-97

305-933-8779

0243961

CR2E034 (9/96)