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 JUN 30 AM 9:41

DOCUMENT # **P93000025516 (4)**

1. Corporation Name
FLORIDA BANKING SOLUTIONS, INC.

Principal Place of Business	Mailing Address
8481 SW 142 STREET MIAMI FL 33158-1052	8481 SW 142 STREET MIAMI FL 33158-1052

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/05/1993
3a. Date of Last Report: 06/21/1994

2. Principal Place of Business	2a. Mailing Address
21 500 GOLF TEE LANE	26 500 GOLF TEE LANE
Suite, Apt. #, etc. 22 #120	Suite, Apt. #, etc. 27 #120
City & State 23 LONGWOOD, FL	City & State 28 LONGWOOD, FL
Zip / Country 24 32779 / 25 USA	Zip / Country 29 32779 / 30 USA

4. FEI Number: 65-0406127 ☐ 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 intangibles tax (under § 199.032, Florida Statutes) ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CROFTS, MICHAEL L 8481 SW 142 STREET MIAMI FL 33158-1052	81 Name: CROFTS, MICHAEL L. 82 Street Address (P.O. Box Number is Not Acceptable): 500 GOLF TEE LANE, #120 83 84 City: LONGWOOD FL 85 Zip Code: 32779

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: Michael L Crofts — June 25, 1995
(Date)
(If changing Registered Agent, Registered Agent must sign here.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 TITLE	☐ Change ☐ Addition
NAME	CROFTS, MICHAEL L	2 NAME	
STREET ADDRESS	8481 SW 142 STREET	3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4 CITY-ST-ZIP	
TITLE	VP	5 TITLE	☐ Change ☐ Addition
NAME	TINOCO, S. R	6 NAME	
STREET ADDRESS	AVE. DIEGO CISNEROS, EDIF COLGATE, T. NORT	7 STREET ADDRESS	
CITY-ST-ZIP	CARACAS VE	8 CITY-ST-ZIP	
TITLE	DS	9 TITLE	☐ Change ☐ Addition
NAME	CASTILLO, VICENTE R	10 NAME	
STREET ADDRESS	AVE. DIEGO CISNERO, EDIF. COLGATE T NORTE	11 STREET ADDRESS	
CITY-ST-ZIP	CARACAS VE	12 CITY-ST-ZIP	
TITLE	DVP	13 TITLE	☐ Change ☐ Addition
NAME	FLAQUER, ANTONIO	14 NAME	
STREET ADDRESS	AVE. DIEGO CISNEROS, EDIF. COLGATE, T. NOR	15 STREET ADDRESS	
CITY-ST-ZIP	CARACAS VE	16 CITY-ST-ZIP	
TITLE		17 TITLE	☐ Change ☐ Addition
NAME		18 NAME	
STREET ADDRESS		19 STREET ADDRESS	
CITY-ST-ZIP		20 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 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: Michael L Crofts — President
SIGNATURE AND TITLE OF PERSON AUTHORIZED TO SIGN ON BEHALF OF CORPORATION OR LLC

June 25, 1995 — 407 245 7600
(Date) (Daytime Phone #)

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