

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 13 PM 12: 08

DOCUMENT # P93000028157 (4)

1. Corporation Name  
**SECURITY NATIONAL HOLDINGS CORPORATION**

Principal Place of Business      Mailing Address  
~~501 BRICKELL KEY DR.~~      ~~501 BRICKELL KEY DR.~~  
~~SUITE 200~~      ~~SUITE 200~~  
~~MIAMI FL 33131~~      ~~MIAMI FL 33131~~

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business      2a. Mailing Address  
21 C/O Patricia Menendez Cambo      2a. same as # 2  
22 Greenberg Traurig      Suite, Apt. #, etc.  
1221 Brickell Ave.      27  
23 MIAMI, FL      City & State  
24 Zip 33131      Country      28 Zip      Country

3. Date Incorporated or Qualified      3a. Date of Last Report  
04/16/1993      04/26/1994  
4. FEI Number      Applied For  
59-2183530      Not Applicable  
5. Certificate of Status Desired       \$8.75 Additional Fee Required  
6. Election Campaign Financing       \$5.00 May Be Added to Fees  
Trust Fund Contribution  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent  
~~NATIONAL REGISTERED AGENTS, INC.~~  
~~501 BRICKELL KEY DR.~~  
~~SUITE 200~~  
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent  
81 Name Patricia Menendez Cambo, Esq.  
82 Street Address (P.O. Box Number Is Not Acceptable) Greenberg Traurig  
83 1221 Brickell Avenue  
84 City Miami      FL      85 Zip Code 33131

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 *P. M. Cambo*      DATE 2/28/95  
Signature, typed or printed name of registered agent and this if applicable      (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<del>POD</del>
NAME	<del>EHEVARRIA, FERMIN A</del>
STREET ADDRESS	<del>14 DE MAYO, 563-14 PISO</del>
CITY-ST-ZIP	<del>ASUNCION, PARAGUAY</del>
TITLE	VCD
NAME	SANGUINA, JULIO R DR
STREET ADDRESS	ACA CARAYA 424
CITY-ST-ZIP	ASUNCION, PARAGUAY
TITLE	<del>D</del>
NAME	<del>SAMANIEGO, GUSTAVO P</del>
STREET ADDRESS	<del>14 DE MAYO, 563-14 PISO</del>
CITY-ST-ZIP	<del>ASUNCION, PARAGUAY</del>
TITLE	<del>D</del>
NAME	<del>PEDRO, BENEYTO</del>
STREET ADDRESS	<del>ELGIO AYALA 1090 WEE VV Y BRAZIL</del>
CITY-ST-ZIP	<del>YEGROS 437 PISO 19 PARAGUAY</del>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	ORTELLADO, MARIO N.
1.4 CITY-ST-ZIP	AV. ESPANA 2012, ASUNCION, PARAGUAY
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 of this report, or on an attachment with an address.

SIGNATURE: *Julio Banguina*      *Mario Nelson Ortellado*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      (Type in Block 13)  
JULIO REJIS BANGUINA      MARIO NELSON ORTELLADO  
Vicepresidente      Presidente