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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P93000037066 (6)

1. Corporation Name

PRIVATE FUNDING GROUP

Principal Place of Business Mailing Address							
% Frank Perez-Siam. ESO. 265 Sevilla Coral Gables Fl 33134 US		265 SEVILLA	CORAL GABLES FL 33134		3. Date Incorporated or Orinified 3a. Date of Last Report 05/21/1993 01/18/1995		
2. Principa! Pla	ace of Business	2a. Mailing Address		4. FEI Number	1	Applied For	
1	• • • • • • • • • • • • • • • • • • • •	26		65-0428006_	مر	Not Applicable	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	W	\$8.75 Additional Fee Required	
2		27					
City & State)	City & State		6. Election Campaign Financing Trust Fund Contribution	" 🗆	\$5.00 May Be Added to Fees	
710	Country	28	Country	8. This corporation has liability	for intangible		
Zip 1	25	29	30	Florida Statutes	Yes 🔲 No		
1	9. Name and Address of Curr		81 Name	10. Name and Address of Ne	w Registere	d Agent	
265 SEV CORAL	SIAM, FRANK //LLA GABLES FL 33134 to the provisions of Sections 607.05		83 84 City	ress (P.O. Box Number is Not Accep	F		
or register familiar wit SIGNATURF	red agent, or both, in the State of Hi th, and accept the obligations of, Se Signature typed or printed name of registered as	onda, Such change was authorisection 607.0505, Florida Statute: gent and title if applicative	zea by the corporation's box	ita o unectors. The ery ascept we	DATE	NO DIRECTORS IN 12	
TITLE NAME STREET ADDRESS	D PEREZ-SIAM, ISRAEL 265 SEVILLA	OELETE DELETE	1.1 TATE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY+ST-7PP			Change Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	CORAL GABLES FL	☐ DELETE	2 1 TILLE 2 2 NAME 2 3 STREET ADDRESS			☐ Change ☐ Addition	
CITY - S1 - ZIP TITLE NAME S1REET ADDRESS		□ סנונונ	2 4 C1Y - ST - ZEP 3 1 TITLE 32 NAME 33 STHEET ACCRESS			Change Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	3.4 CITY - ST - ZIF 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS			☐ Change ☐ Addition	
CITY-S1-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	4 4 CHY - ST - ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS			Change Addition	
CITY-ST-ZIP TITLE NAME STREET ADORESS CITY ST-ZIP		☐ DELETE	5.4 City-St-2IP 6.1 Title 5.2 NAME 6.3 STHEEF ADDRESS 6.4 City-St-2IP			Change Addition	
14. I do heret certify that oath; that appears i	by certify that the information supplied the information indicated on this at the information indicated on this at the information indicated on this at the information of the control in Block 12 or Block 13 if/charlord, in Block 12 or Block 13 if/charlord, in Block 12 or Block 13 if/charlord, in TURE:	orporation or the receiver or trus	mished and does not qualify inual report is true and accu tee empowered to execute t	for the exemption stated in Section rate and that my signature shall having report as required by Chapter 60	07, Florida Sta	Florida Statutes. I further gal effect as if made under futes; and that my name	