FILE	NOW	: FILING FEE	AFTER N	MAY 1 IS	\$2	5.00						
CORF	PORATION AL REP	In the state of th	FLO	ORIDA DEPAR Sandra B	. Morti	STATE						
	1996	1 10 0	A UQ	Secretar OI <b>VISIQN</b> OF C		IONS						
DOCUN 1. Corporation	ИENT	# P9300	00513	55 (4)								
FINANC	CIAL & C	OLLECTION SER	VICES, INC.					. 166:166: iel 1618		hans 88481 8112	. 1:555 :1115	n Bude dul (BA)
Principal Place of Business  12855 S.W. 136 AVE				Mailing Address 18260 NE 19 AVE				; 100/10 <b>0</b> ) (/ <b>1</b> 10/1	• ••••• ••••• ••••		11275 1112	)
#217 MIAMI FL 33186			SUITE 20	SUITE 202 MIAMI FL 33162								
US			intrinsia i C					3. Date incorporated or Qualified				
2. Principal Pla	ice of Busin	988	2a. Mailing a	Address				4. FEI Number 65-042464	ß		-	Applied For
Suite, Apt. #	, etc.		Suite, A	pt. #, etc.				5. Certificate of State			\$8.75	Additional Required
City & State			27 City & S	itate	····	<del></del>		6. Election Campaign	-		\$5.0	O May Be
<b>23</b> Zip	<u></u>	Country	Zip		Count	у		Trust Fund Contrib  8. This corporation h				d to Fees 199.032,
24	9. Name	25 and Address of Curre	29 nt Registered Ac		30	<del></del>		Florida Statutes  10. Name and Addre	X Yes		pent	
	V				8	1 Name						
ROSENFELD, ALEXANDER M 18260 NE 19 AVE						2 Street	Address	(P.O. Box Number is	Not Acceptable	ө)		
						3				<del></del>		
MIAMI FL 33162						4 City		<del></del>	·	P= 1	<b>85</b> Zig	o Code
11. Pursuant to	o the provisi	ons of Sections 607.050	2 and 607,1508, F	Florida Statutes	the above	named co	orporatio	on submits this stateme	ent for the pur	FL cose of chan	aina its r	egistered office
or registere	ed agent, or	both, in the State of Flo pt the obligations of, Sec	rida. Such change	was authorized	by the cor	poration's	board o	of directors. I hereby ac	cept the appo	intment as re	gistered	agent. I am
SIGNATURE _	Signature typed	or printed name of registered age	nt and title if applicable.	NOTE	: Registered Ag	ent signature r	required whi	en reinstating)		DATE		
12.	P	OFFICERS AI	ND DIRECTORS	] DELETE	13.		Page	ADDITIONS/CHAN	IGES TO OFFI		DIRECTO Change	RS IN 12
TITLE NAME	•	RICHARD		, 0010.70	1,2 NAMI	•	Ric	hard Gold 3 SW 136 AV	ע אר <i>אי</i>	,J-2	Onlango	
STREET ADDRESS	9900 W	/. Sample RD.					1987	3 SW 136AV	3318L			
CITY-ST-ZIP TITLE	CORAL	SPRINGS FL		DELETE	1.4 CITY 2. 1 TITU		Mit	4M1 +C-	22190	, <u> </u>	Change	Addition
NAME			<b>L</b>	,	2.2 NAMI							
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TITLE NAME			L	1 00000	3.2 NAM						onungo	
STREET ADDRESS					3.3. STRE	ET ADORESS						
CITY-ST-7IP				DELETE	3.4 CITY						Change	Addition
TITLE NAME			_	] Dett. I	4.2 NAMI					L	Onlango	L Addition
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CITY-ST-ZIP				3.05).575	4.4 CITY						Dh	1222
THUE NAME			L	) DELETE	5. 1 TITL! 5.2 NAMI					Ц	Change	☐ Addition
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP			······	3 00: 505	5.4 CITY		ļ				<del></del>	
TITLE			<b></b>	] DELETE	6. 1 TITU 6.2 NAM		[				Change	☐ Addition
NAME STREET ADDRESS					ł	ET ADDRESS						
CITY-ST-ZIP					6.4 CITY	-ST-ZIP	<u> </u>	·			<del></del>	
certify that	the informa	the information supplied tion indicated on this and	nual report or supp	iemental annua	l report is t	rue and ac	ccurate a	and that my signature :	shall have the :	same legal e	fect as it	made under
oath; that I appears in	am an ôffic Block 12 o	er or director of the corr Block 13 / changed, or	oration or the rece on an attachment	with an addres	ernpowered ss.	o io execut	te triis re	port as required by Cr	iapter 607, Fic	rkia Statutes	, and the	at thy name
SIGNAT	URE:	MUMI	M	Kich	ARD(	odd		41.	24/16	(305)	256	7999
		STOTNAMURE KIND PAPED	OR PRINTED NAME OF	SIGNING OFFICER	OR DIRECTO	4		1/0	are /	`DX/,	me Phone	<b>"</b>