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FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**



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

DOCUMENT # P93000056747 (7)
 1. Corporation Name
SECURITY FINANCIAL & INVESTMENT CORP.



Principal Place of Business Mailing Address

6917 COLLINS AVE SUITE 1611 MIAMI BEACH FL 33141

6917 COLLINS AVE SUITE 1611 MIAMI BEACH FL 33141-3263

3. Date Incorporated or Qualified **08/09/1993** 3a. Date of Last Report **08/08/1996**

4. FEI Number **41-1792016** Applied For Not Applicable

6. 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 intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

NESTOR, BRENDA N
6917 COLLINS AVE.
SUITE 1611
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name **Nestor, Brenda**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLVIN, MELVIN R	1.2 NAME	
STREET ADDRESS	6917 COLLINS AVE SUITE 1611	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	1.4 CITY-ST-ZIP	
TITLE	VPSD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NESTOR, BRENDA N	2.2 NAME	President/Chief Operating Officer
STREET ADDRESS	6917 COLLINS AVE. STE. 1611	2.3 STREET ADDRESS	Nestor, Brenda
CITY-ST-ZIP	MIAMI BEACH FL 33141	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRASSBERG, BLANCHE	3.2 NAME	Treas/Secy
STREET ADDRESS	6917 COLLINS AVE. STE. 1611	3.3 STREET ADDRESS	Launer, Blanche S.
CITY-ST-ZIP	MIAMI BEACH FL 33141	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTTRAM, LISA	4.2 NAME	Exec Vice Pres/Asst Secy/Director
STREET ADDRESS	6917 COLLINS AVE. STE. 1611	4.3 STREET ADDRESS	Field, Lisa M.
CITY-ST-ZIP	MIAMI BEACH FL 33141	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE: [Signature] **REQUIRED** 4/29/97 (305) 866-7272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)