

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 12 1997 8:00am
Secretary of State

DOCUMENT # P93000056747 (7)

1. Corporation Name

SECURITY FINANCIAL & INVESTMENT CORP.



Principal Place of Business

6917 COLLINS AVE
SUITE 1611
MIAMI BEACH FL 33141

Mailing Address

6917 COLLINS AVE
SUITE 1611
MIAMI BEACH FL 33141-3263

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

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 intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

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

Signature: typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC
NAME COLVIN, MELVIN R
STREET ADDRESS 6917 COLLINS AVE SUITE 1611
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE VPSD
NAME NESTOR, BRENDA N
STREET ADDRESS 6917 COLLINS AVE. STE. 1611
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE T
NAME STRASSBERG, BLANCHE
STREET ADDRESS 6917 COLLINS AVE. STE. 1611
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE VD
NAME MOTTRAM, LISA
STREET ADDRESS 6917 COLLINS AVE. STE. 1611
CITY-ST-ZIP MIAMI BEACH FL 33141

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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/97

(305) 866-7272

CR2E034 (9/96)