

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 20 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000065624 (7)

1. Corporation Name

ALL THINGS FINANCIAL INC.

Principal Place of Business

400 SE 12 ST
SUITE B
FT. LAUDERDALE FL 33316

Mailing Address

400 SE 12 ST
SUITE B
FT. LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1993

3a. Date of Last Report

06/02/1994

4. FEI Number

65-0437020

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. 199.022,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

1515 N FEDERAL HWY #

Suite, Apt. #, etc.

300

City & State

Boca Raton FL

Zip

33432

Country

USA

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

TERREMARK CORPORATE AGENTS, INC.
2601 S. BAYSHORE DR.
19TH FLOOR
MIAMI FL 33133

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 of person or persons authorized to register agent and to file this report

Signature of person or persons authorized to register agent and to file this report

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VCD
NAME	FRANK, SARI
STREET ADDRESS	5555 SAN FELIPE #575
CITY, ST, ZIP	HOUSTON TX
TITLE	D
NAME	SMITH, SHELBY
STREET ADDRESS	1543 BERING
CITY, ST, ZIP	HOUSTON TX 77058
TITLE	PD
NAME	FRANK, DAVID
STREET ADDRESS	4261 W MCNAB ROAD #18
CITY, ST, ZIP	FT. LAUDERDALE FL
TITLE	V
NAME	DELITY, DAN
STREET ADDRESS	5555 SAN FELIPE #575
CITY, ST, ZIP	HOUSTON TX
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I do hereby certify that this information supplied with this filing is voluntarily furnished and that it is true and correct 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 in an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Signature of Secretary of State