FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
May 29 1996 8:00 am
Secretary of State

DOCUMENT # **P93000065723 (7)**

1. Corporation Name

STANFORD FINANCIAL GROUP COMPANY

Principal Place of Business	Mailing Address
201 S BISCAYNE BLVD MIAMI FL 33131	201 S BISCAYNE BLVD MIAMI FL 33131

3. Date Incorporated or Qualified: **09/16/1993**
3a. Date of Last Report: **08/10/1995**

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **74-2709825** ☐ 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

SUAREZ, YOLANDA M
201 S BISCAYNE BLVD
SUITE 1200
MIAMI FL 33131

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

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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	STANFORD, R ALLEN		1.2 NAME	STANFORD, R. Allen	
STREET ADDRESS	201 S BISCAYNE BLVD / STE - 1200		1.3 STREET ADDRESS	Friar's Hill Road	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	St. John's, Antigua	
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SUAREZ, YOLANDA M		2.2 NAME		
STREET ADDRESS	201 S BISCAYNE BLVD / STE - 1200		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TONARELLI, ORESTE		3.2 NAME		
STREET ADDRESS	201 S BISCAYNE BLVD/ STE - 1200		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GILSTRAP, JEAN		4.2 NAME		
STREET ADDRESS	5050 WESTHEIMER		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TE		4.4 CITY-ST-ZIP		
TITLE	DC	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, JAMES M		5.2 NAME		
STREET ADDRESS	5050 WESTHEIMER		5.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TE		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and 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: Yolanda M. Suarez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
YOLANDA M. SUAREZ

DATE **305-579-0909** Daytime Phone #

CR2E034 (12/95)