

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

FILED
Mar 18 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 # P93000071326 (1)

1. Corporation Name

TRUST FINANCE COMPANY

Principal Place of Business

10691 N. KENDALL DR.
SUITE 304
MIAMI FL 33176
US

Mailing Address

10691 N. KENDALL DR.
SUITE 304
MIAMI FL 33176-1551
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

QUINTELA, CARLOS P
10691 N. KENDALL DR.
SUITE 304
MIAMI FL 33176

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 607.01(2) and 607.11(8), 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 607.05(5), Florida Statutes.

SIGNATURE

Signature typed in print name of registered agent (must be typed in block)

(NOTE: Registered Agent signature required when filing along)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVST
NAME QUINTELA, CARLOS P
STREET ADDRESS 10691 N. KENDALL DR. #304
CITY-ST-ZIP MIAMI FL 33176

TITLE D
NAME QUINTELA, CARLOS P
STREET ADDRESS 10691 N. KENDALL DR. #304
CITY-ST-ZIP MIAMI FL 33176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

14. I do hereby certify that the information supplied with this form 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 supplementary 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 manager 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.



3. Date Incorporated or Qualified 10/14/1993
3a. Date of Last Report 05/01/1996
4. FCI Number 65-0468105
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
10. Name and Address of New Registered Agent

CR2E034 (9/96)