

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000072792 (3)**

1. Corporation Name

**FIRST AMERICAN LENDERS GROUP, INC.**



Principal Place of Business

Mailing Address

1901 BRICKELL AVE  
#B-2205  
MIAMI FL 33129

1901 BRICKELL AVE  
B-701  
MIAMI FL 33129

3. Date Incorporated or Qualified  
**10/20/1993**

3a. Date of Last Report  
**09/14/1995**

2. Principal Place of Business

2a. Mailing Address

21 **2604 Desoto Blvd**

26 **← Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **C. Gables Fla.**

24 Zip **33134**

25 Country **USA**

29 Zip

30 Country

4. FEI Number  
**65-0487164**

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

10. Name and Address of New Registered Agent

ABBASSI, GHOLAM R  
1901 BRICKELL AVE  
#B701  
MIAMI FL 33129

81 Name **ABBASSI GHOLAM R**

82 Street Address (P.O. Box Number is Not Acceptable)  
**2604 Desoto Blvd**

83 **Coral Gables.**

84 City

85 State **FL**

86 Zip Code **33134**

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

*[Handwritten Signature]*

4/20/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ABBASSI, GHOLAM R	
STREET ADDRESS	1901 BRICKELL AVE #B701	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	ABBASSI, HAMID R	
STREET ADDRESS	1901 BRICKELL AVE #B701	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	ABBASSI HAMID R	
13 STREET ADDRESS	2604 Desoto Blvd	
14 CITY-ST-ZIP	C. Gables Fla. 33134	
21 TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	ABBASSE GHOLAM R	
23 STREET ADDRESS	2604 Desoto Blvd	
24 CITY-ST-ZIP	C. Gables. Fla 33134	
31 TITLE	ABBASSI MOHAMMAD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	ABBASSI MOHAMMAD	
33 STREET ADDRESS	2604 Desoto Blvd.	
34 CITY-ST-ZIP	C. Gables Fla - 33134	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	300001852513	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	-06/05/96--01104--027	
53 STREET ADDRESS	***200.00	
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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)(k), 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 change, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/96 (205) 447-1065

CR2E034 (12/95)