| SECOND N | NOTICE: CORPORATION WILL BE D | ISSOLVED ON OR AFTER AU | GUST 7, 1996. | | |
|--|--|--|----------------------------------|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1996 CORPORATIONS CORPORATION ANNUAL REPORT CORPORATION ANNUAL REPORT CORPORATION CORPORATION CORPORATION CORPORATION CORPORATION CORPORATIONS PLORIDA DEPARTMENT OF STATE CORPORATION CORPORATIONS | | | | | |
| DOCUN 1. Corporation | MENT # P93000 | 082479 (5) | | | |
| OPUS FINANCIAL GROUP, INC. | | | | h (#TiliBE) 1918 (BEED 1911) BEIN BEIN BE | 411 60 134 10:10 (4841 01811 10810 1 0 12 1001 |
| Principal Place | of Business | Mailing Address | | | |
| 1110 BRICKELL AVE. SUITE 315 MIAMI FL 33131 1110 BRICKELL AVE. SUITE 315 MIAMI FL 33131 | | | | Date Incorporated or Qualified 11/24/1993 | 3a. Date of Last Report 06/13/1995 |
| | ace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 1405 Suite, Apt. # | | 26 1405 Sw Suite, Apt #, etc. | 107 Ave | 65-0455546 | Not Applicable \$8.75 Additional |
| 2 30 | | 27 301 C | | 5. Certificate of Status Desired | Fee Required |
| City & State | Ami FloRIDA | City & State 26 Miami, 7 | FloRIDA | Election Campaign Financing Trust Fund Contribution | S5.00 May Be Added to Fees |
| ^{Zip} 331 | Country | Zip | Country | 8. This corporation has liability for in | itangible tax under s. 199.032, |
| 24 5 5 | 9. Name and Address of Current I | And the second s | | Florida Statutes 10. Name and Address of New Reg | |
| KURTZ, MARGARITA B1 Name ELizabeth DIAZ | | | | | |
| | | | | dress (P.O. Box Number is Not Acceptable | te 301 C |
| MIAMI FL 33131 | | | | | |
| | | | 84 City - | ni | FL 85 Zip Code 2174 |
| 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 heart of directors. I hereby accept the approintment as registered | | | | | |
| agen 1 am familiar writin and accept the obligations of Section 607.0505, Florida Statutes. | | | | | |
| Signature typed or name. Frame of registered agent at the largularable. (INOTE: Propistered Agent signature required when translating). | | | | | |
| 12. | OFFICERS AND. PTD | DELETE | 13. | ADDITIONS/CHANGES TO OFFICE | ERS AND DIRECTORS IN 12 Change Addition |
| NAME | KURTZ, MARGARITA | | 12 HAME I | FLIDALITH DIAZ | |
| STREET ADDRESS | 1110 BRICKELL AVE., SUITE : | 115 | 13 STREET ADDRESS | 405 SW 107 AUR 1 | 32124 |
| CITY - ST - ZIP TITLE | MIAM# FL 33131 VSD | DELETE | 21 TITLE 1.4 | ICE Procedowt OF TURE | 33/74 Change H Addition |
| NAME | DIAZ, ELIZABETH | | 2 2 NAME | CARLOS SALMAN | # 5010 |
| STREET ADDRESS | 1110 BRICKELL AVE., SUITE : | 315 | 2 3 STREET ADDRESS | Minni, Florida | 33174 |
| CITY-ST-ZIP TITLE | MIAMI FL 33131 | DELETE | 2 4 CITY - ST - ZIP 3 1 TITLE | William I Topici | Change Addition |
| NAME | | | 3 2 NAME | | |
| STREET ADDRESS | | | 3 3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | | DELETE | 3.4 CITY-ST-ZIP 4.1 TITLE | | Change Addition |
| NAME | | _ | 4 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | | DELETE | 4.4 CITY - ST - ZIP 5.1 TITLE | | Change Addition |
| NAME | | _ | 5.2 NAMÉ | | |
| STREET ADDRESS | | | 5 3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | | DELETE | 5.4 City - ST - ZIP 6.1 TITLE | | Change Addition |
| NAME | | | 6 2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |

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 I have 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if Gyanged, or on an attachment with an address

DETERECTOR

SIGNATURE:

8-7-96 305 200 2425