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PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Mar 12 1996 8:00 am
Secretary of State

DOCUMENT # **P94000002125 (0)**

1. Corporation Name

THE LENDING COMPANY, INC.

Principal Place of Business	Mailing Address
2151 NE 155TH STREET N. MIAMI BEACH FL 33162	2151 NE 155TH STREET N. MIAMI BEACH FL 33162

2. Principal Place of Business
21: 2812 NW 35TH STREET
22: Suite, Apt. #, etc.
23: City & State: MIAMI, FL
24: Zip: 33142 — 25: Country

2a. Mailing Address
26: 2812 NW 35TH STREET
27: Suite, Apt. #, etc.
28: City & State: MIAMI, FL.
29: Zip: 33142 — 30: Country

3. Date Incorporated or Qualified: 01/10/1994

3a. Date of Last Report: 03/13/1995

4. FEI Number: 65-1460888 — [ ] 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

LOFARO, LARRY
NOMIS BUSINESS INC.
2151 NE 155TH STREET
N. MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name: LOFARO, LARRY
82 Street Address (P.O. Box Number is Not Acceptable): C/O NOMIS BUSINESS INC.
83: 2812 NW 35TH STREET
84 City: MIAMI — FL — 85 Zip Code: 33142

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, typed or printed name of registered agent and title, if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOWOLSKY, MICHAEL 9637 BELFORT CIRCLE TAMARAC FL [ ] DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOFARO, LAWRENCE 1400 OCEAN BLVD., APT 1402 BOCA RATON FL [ ] DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PALINSKY, ILYA 2315 FISHER ISLAND DR. FISHER ISLAND FL [ ] DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SABO, ABARAHAM 19195 MYTLE POINTE DR. NO. MIAMI FL [ ] DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TROJECKI, SZYMON 2041 NE 214TH STREET N. MIAMI BEACH FL [ ] DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	[ ] Change [ ] Addition

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 changed, or on an attachment with an address.

SIGNATURE: [signature] 3-5-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)