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PROFIT
CORPORATION
ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

FILED

Apr 01 1997 8:00am

Secretary of State

305-364-4436

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000014691 (7)

FINANCIAL PRODUCT LEADERS, INC.

Principal Place of Business Mailing Address 6450 WEST 21ST COURT 8450 WEST 21ST COURT HIALEAH FL 33016-3945 HIALEAH FL 33016 3a. Date of Last Report 3. Date Incorporated or Qualified 02/21/1994 03/19/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0476348 21 Not Applicable 26 Saite. Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032. Yes No 24 29 30 Florida Statutes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MERCER, PAUL G ESQ. Name 700 S. ROYAL POINCIANA BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 502** 83 MIAMI SPRINGS FL 33166 84 City Zip Code 85 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. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Soprature hypera or priored nation of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)13. 12. X DELETE **K** Change Addition 11TITLE THUE ASHE, JANICE R HENRY M. PRIOR 1.2 NAME NAME 6450 WEST 21ST COURT 6450 WEST 21ST COURT 13 STREET ADDRESS STREET ADDRESS HIALEAH FL 33016 HIALEAH, FL 33016 1.4 CITY-ST-ZIP C(1Y - S1 - 78 DELETE ☐ Change ☐ Addition 21 TITLE TITLE 2.2 NAME MAVe 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY ST-7IP DELETE 3.1 TITLE Change Addition 3016 3.2 NAME NAVE 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-2IP CITY-ST. 7IP Change DELETE Addition 4.1 TITLE THILE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP C-TY - ST - ZIP DELETE Addition 5.1 TITLE Change TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST-ZIP CHY-ST ZIP DELETE ☐ Change Addition THILE 6.1 TITLE NAME 6.2 NAME STREET ACORESS 6.3 STREET ADDRESS

64 CITY-ST-ZIP

14. If do hereby certify that the information supplied with this filing 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

nent with an address

NTED NAME OF SIGNING OFFICER OR DIRECTOR