

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

APPROVED  
AND  
FILED

099 1 27 - 6 AM 11: 18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000019020 (4)

1. Corporation Name

FIRST FINANCIAL LEADS & REFERRALS SERVICES CO.,  
INC.



Principal Place of Business

12864 BISCAYNE BLVD.  
UNIT 303  
NORTH MIAMI FL 33181

Mailing Address

12864 BISCAYNE BLVD.  
UNIT 303  
NORTH MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/1994

4. FEI Number

65-0473479

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2 Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

9. Name and Address of Current Registered Agent

PINO, ORLANDO  
1465 NE 121 ST #B-402  
N MIAMI FL 33181

10. Name and Address of New Registered Agent

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 607.0502 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 ORLANDO PINO, PRES.

Signature, typed or printed name of registered agent and title if applicable

(NCH: Register) Agent signature required when reinstating

DATE

4-20-98

12. OFFICERS AND DIRECTORS

TITLE SD  
NAME PINO, LILLIAN  
STREET ADDRESS 12864 BISCAYNE BLVD., UNIT 303  
CITY-ST-ZIP NORTH MIAMI FL

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ORLANDO PINO, PRESIDENT  
1.2 NAME  
1.3 STREET ADDRESS 1465 NE 121 ST. #B-402  
1.4 CITY-ST-ZIP NORTH MIAMI, FL. 33161

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ORLANDO PINO

4-20-98 (305) 899-9791

CR2E034 (10/97)