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

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	AL REPORT Secretary of State  DIVISION OF CORPORATIONS									
DOCUN 1. Corporation	MENT # PS	9400003	2309	(4)						
	E FINANCIAL CORP.			•						
11166	FINANOIAL CONF.					100011001110   110 10011   110 10011   110 10011   110 10011   110 10011   110 10011   110 10011   110 10011				
P1 / 16	f.Ph. 1	h de ffes	. Address							
Principal Place of Business Mail 735 NW 22ND AVE MIAMI FL 33125			Mailing Address  8601 DUNWOODY PLACE SUITE 718 ATLANTA GA 30350 US							
						3. Date Incorporated or Qu	ualified 3a. D	ate of Last Rep	oort	
		· · · · · · · · · · · · · · · · · · ·				04/25/1994		08/10/19		
· ·	ace of Business	} <u>-</u> -	aling Address			4. FEI Number			oplied For ot Applicable	
Suite, Apt. #	#. etc.	<b>26</b>     Sc	ite, Apt. #, etc.			65-0491214			Additional	ĺ
22			2017c	YOU	<u> </u>	5. Certificate of Status De	sired []	•	equired	
City & State	3	28	ty & State			6. Election Campaign Fina Trust Fund Contribution		Added	May Be to Fees	
Zip	Country	Zi <sub>l</sub>	)		untry	8. This corporation has lial	bility for intangible	tax under sill	199.032,	
24	25 9. Name and Address o	29  of Current Register	ed Agent	30	T	Florida Statutes  10. Name and Address o	_	d Agent		
				***************************************	81 Name	T Casassal	S S	~ عد».		
CAPP	s, gerald n					Address (P.O. Box Number is Not-		-1-2-1-1		ĺ
·	IW 22ND AVE				83	100 Jonth 1	1UC 7	21009	Rd.	ļ
MIAM	I FL 33125						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·	O 1.	1
	/	۱ /	/		84 CAY	poitation	F	L 85 3	3321	ļ
or register	to the provisions of Sections ( red agent, or both, in the Sat	le of £ilHida. Su <b>∕</b> o ch	508, Jorida Sta lang V	TFER	Corporation s	prod <b>er A. L</b> imits this statement fo board of disectors. Thereby accept	r the purpose of the appointment	changing its re as registered :	gistered office agent. I am	
	ith, and accept the obligations	s of, Shation 907,050	15, Horozstalu ASSI	<b>TAN</b>	r sech	EIWG	<u> </u>	124/0	11/2	
SIGNATURE _	Signature, typed or ponted name of leg	ncreatague and tild i appl				oquired when reinstating)	DAY	1	1.42	3
12.	T	DER'S AND DIRECTO	RS DELETE	13	TITLE	ADDITIONS/CHANGES	TO OFFICERS A	Change	Addition	(12/95)
TITLE NAME	P AYCOX, ROD	VV	L.J Decerte		NAME		0.1			*
STREET ADDRESS	8601 DUNWOODY	PLACE STE 718		1.3	STREET AUDRESS	300 Days	مر لال	2014	5 406	CR2E034
CITY-ST-ZIP	ATLANTA GA		· · · · · · · · · · · · · · · · · · ·		C(1Y - S1 - Z(P					肾
1/1LE		V	DEFE JE		1111{			Change	Addition	`
NAME					name Street address					
STREET ADDRESS CITY-SI-ZIP					CITY - ST - ZIP					
THEF	AMERICAN STATE STA		DELETE	3 1	TITLE			Change	Addition	
NAME				32	NAME					
STREET ADDRESS					STREET ADDRESS					
CITY-S1-ZIP TITLE		w			CITY-ST-ZIP			Change	Addition	1
NAME			I I DELETE	4.1	TITLE			[ ] O to the		1
STREET ADDRESS			DELFTE	1	TITLE NAME			[] coulte		
GILLET HERE TEOS			[] DELETE	4.2				[ ] o mile		
CITY-ST-ZIP		ad (1) (1) (1)		4.2 4.3 4.4	NAME STREET ADDRESS DITY-ST-Z-P	39999	18042		1 Addition	
CITY-ST-ZIP THILE			DEFELE	4.2 4.3 4.4 5	NAME STREET ADDRESS CHY-ST-Z-P THLE	<b>3000</b> -0\$/02/96	1-80-42 01012		Addition	
CITY-ST-ZIP THLE NAME				4.2 4.3 4.4 5.2	NAME STREET ADDRESS CHY-ST-Z-P THLE NAME	<b>3000</b> -05/02/96 ***200.00	1-8042 01012		Addition	
CITY-ST-ZIP THLE NAME STREET ADDRESS				4.2 4.3 4.4 5.2 5.2 5.3	NAME STREET ADDRESS CHY-ST-Z-P THLE	<b>3000</b> -05/02/96 ***200.00	18042 01012		☐ Addition	
CITY-ST-ZIP THLE NAME				4.2 4.3 4.4 5.1 5.2 5.3 5.4	NAME STREET ADDRESS DITY-ST-Z-P TITLE NAME STREET ADDRESS	<b>80000</b> -05/02/96 ***200.00	1-8042 01012		Addition	2
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			DELETÉ	4.2 4.3 4.4 5.2 5.3 5.4 6.6	NAME STREET ADDRESS CHY-ST-Z-P THLE NAME STREET ADDRESS CHY-ST-ZIP THLE NAME	39009 -05/02/96 ***200.80	1-8042 01012	OBS hange	Addition	0
CHY-ST-ZIP THEE NAME STREET ADDRESS CHY-ST-ZIP THEE			DELETÉ	4.2 4.3 4.4 5.7 5.2 5.3 5.4 6.7 6.2	NAME STREET ADDRESS DITY-ST-Z-P THLE NAME STREET ADDRESS CHY-ST-ZIP	3000 -05/02/96 ***200.00	1-8042 01012	OBS hange	Addition  Applied	0

14. Ido 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. If of the 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 early; that I am an officer or director of the perpendicular trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 33 if chapter 607, or on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Daytime Phone # CCO OCIA