

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000035770 (4)

1. Corporation Name

A-1 FUNDING SERVICES, INC. 449 SWALLOW DRIVE, #1  
2



Principal Place of Business

Mailing Address

449 SWALLOW DRIVE  
SUITE 12  
MIAMI SPRINGS FL 33166

449 SWALLOW DRIVE  
SUITE 12  
MIAMI SPRINGS FL 33166

3. Date Incorporated or Qualified

05/10/1994

3a. Date of Last Report

09/18/1995

2. Principal Place of Business

2a. Mailing Address

21 330 SW 27 AVENUE

26 330 SW 27 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 603

27 603

City & State

City & State

23 MIAMI, FL

28 MIAMI, FL

Zip

Zip

Country

Country

24 33135

29 33135

DADE

DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RODRIGUEZ, VIVIAN C  
330 S.W. 27TH AVENUE  
SUITE 603  
MIAMI FL 33135

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

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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NAME

STREET ADDRESS

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NAME

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/94

305-649-3346

Date

Daytime Phone #

CR2E034 (12/95)