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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jun 18 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9400035770 (4)

1. Corporation Name

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

					<del></del>		_,						
Principal Plac	e of Busines	iling Address	.ddress				1 (45)(65) (15 (61) 5)60 5300 5310 65		M1411 (4811) 4841				
830 BW 27 AVE				330 SW 27 AVE									
SUITE 603				SUITE 603 MIAMI FL 33135-2968									
MIAMI FL 33135 US				US					3. Date Incorporated or Qualified 05/10/1994	3a. D.	ate of Last F 23/1996	Report	
2. Principal Place of Business				2a. Mailing Address					4. FEI Number	Applied For			
21				26					<b>65-0499990</b> Not Ap			ot Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75	Additional	
22				27					5. Octimode by Blatta Desired		Fee Re	equired	
City & State				City & State					6. Election Campaign Financing \$5.00 May Be				
23				28					Trust Fund Contribution	Ц	Added	to Fees	
Zip	t	Country	·	Zip	<u></u>	Country	1		This corporation has liability for			. 199.032,	
24	- None	25	[29]		30					☐ Yes			
DOL			f Current Regist	elen yöelir		81	Na	ma.	10. Name and Address of New R	gratered	Agent		
	ORIGUEZ, V					6'	IVA	116					
	S.W. 27Th	AVENUE		]			Stre	et Addre	ddress (P.O. Box Number is Not Acceptable)				
	TE 603	12				83	├						
MA	MI FL 3313	13				63	ĺ						
	•					84	City	1			85 Zip	Code	
	12 40 2 2 2 2 2	7	007.0000 1.00	7 4500 Ft- 33- 01-1	4 - 4		<u></u>			FL			
office or r	to th <b>e</b> provis regi <b>ster</b> ed ag	gent, or both, in t	he State of Florid	a. Such change was	utes, inc author	e abov ized by	e-nam y the i	ieo corpo corporatio	oration submits this statement for the on's board of directors. I hereby acce	purpose o pt the app	i changing ii ointment as	is registered registered	
agent. I a	ım familiar w	ith, and accept ti	he obligations of,	Section 607.0505, F	Florida S	Statute	s.		·			-	
SIGNATURE	<b>N.</b>				35.6					- Bare			
12.	Signature, typed		istered agent and title i			itered Age	ent sign	ature require	od when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	DIDECTOR	OCINI 40	
TITLE	PD	0/110	ENO AND DIVICO	DELETE		.1 117LE			ADDITIONS/CHANGES TO OFF	OENS AIVE	Change	Addition	
NAME		JEZ, VIVIAN C				.2 NAME					Carl Onlango	7,00,110,17	
STREET ADDRESS		27TH AVENU	E. SUITE 603	603			1.3 STREET ADDRESS						
CITY-ST-ZIP		PRINGS FL 33				1.4 CITY-ST-ZIP		33					
TITLE	***************************************			DELETE	-	1 TITLE	31-711	+			Change	Addition	
NAME						2 NAME							
STREET ADDRESS						3 STREET	LADDRE	ee					
CITY-ST-ZIP					- 1	4 CITY-		"				ì	
TITLE				DELETE		1 TITLE	31 11/				Change	Addition	
NAME				_		2 NAME							
STREET ADORESS					- 1	.3 STREET	ADDRF	ss					
CITY-ST-ZIP						4. CITY-:							
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NAME					4.	. 2 NAME							
STREET ADDRESS					4.	3 STREET	ADORE	ss					
CITY-ST-ZIP					4.	4 CITY-S	ST - ZIP						
TITLE				☐ DELETE		1 THLE					Change	Addition	
NAME					5.	2 NAME							
STREET ADDRESS					5.	3 STREET	ADDRE	ss				ĺ	
CITY-ST-ZIP					5.	4 CITY-S	ST-ZIP						
TITLE				DELETE		.1 TITLE					Change	Addition	
NAME					6.	.2 NAME		Ì					
STREET ADDRESS					6.	.3 STREET	T ADDRE	ss					
CITY-ST-ZIP					6	4 City - S	ST- ZIP						
14. I do herek	by certify the	I the information	bed peled with the	s filing does not qua	lify for t	he exe	emptic	n stated	in Section 119.07(3)(i), Florida Statut	s. I furthe	r certify that	the	
l am an of	flicer or dire	ctor of the corpo	ration or the rece	ina amual report is iver or trustee empo	wered t	ia ecct to exec	urate i cute th	anu (1181 l 11s report	my signature shall have the same log as required by Chapter 607, Florida	ai ellect as Statutes; a	nd that my r	name	
appears i	n Block 12 o	ir Block 13 if cha	eged or on an a	ttachment with an ac	loress.			•	•		-	ļ	