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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P9400035770 (4) A-1 FUNDING SERVICES, INC. 449 SWALLOW DRIVE, #1 Principal Place of Business Mailing Address 330 SW 27 AVE 330 SW 27 AVE SUITE 603 SUITE 603 DO NOT WRITE IN THIS SPACE MIAMI FL 33135 MIAMI FL 33135 3. Date Incorporated or Qualified 05/10/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 330 Sm 27 AV E 65-0499990 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 603 Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing miami Trust Fund Contribution Added to Fees 23 28 Country Country 8. This corporation owes or has paid the current year Interpible 25 25 29 30 Personal Property Tax due June 30. Yes Yes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RODRIGUEZ, VIVIAN C 330 S.W. 27TH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 603 83 **MIAMI FL 33135** 84 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Rogistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE RODRIGUEZ, VIVIAN C NAME 1.2 NAME 330 S.W. 27TH AVENUE, SUITE 603 STREET ADDRESS 1.3 STREET ADDRESS MIAMI SPRINGS FL 33135 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE ☐ Change TITLE 3.1 TITLE Addition STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY-ST-7IP DELETE 41 TITLE Change Addition TITLE NAME 4. 2 NAME STREFT ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP TITLE DELETE Change Addition 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 amplianental 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 this 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 entire all address.

SIGNATURE:

VIVIAN C GORRUE PASI 2/1./58

FILED

Feb 17 1998 8:00am

Secretary of State

CR2E034 (10/97