

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 FEB 28 PM 3: 39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000036493 (2)

1. Corporation Name

FINANCIAL SYNERGY CORP.

Principal Place of Business

**1221 BRICKELL AVE., SUITE 915
MIAMI FL 33131**

Mailing Address

**1221 BRICKELL AVE., SUITE 915
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/16/1994

3a. Date of Last Report

N/A

4. FEI Number

65-0492617

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 777 Brickell Av.

Suite, Apt. #, etc.

22 11th. Floor Suite 1112

City & State

23 Miami, FL

Zip

24 33131

Country

25 USA

2a. Mailing Address

26 777 Brickell Av.

Suite, Apt. #, etc.

27 11th. Floor Suite 1112

City & State

28 Miami, FL

Zip

29 33131

Country

30 USA

9. Name and Address of Current Registered Agent

CATAN, LUIS

**1221 BRICKELL AVE., SUITE 915
MIAMI FL 33131**

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

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
D
NAME
CATAN, LUIS
STREET ADDRESS
1221 BRICKELL AVE., SUITE 915
CITY - ST - ZIP
MIAMI FL 33131

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
P
1.2 NAME
CATAN, LUIS
1.3 STREET ADDRESS
777 Brickell Ave. 11th. Floor
1.4 CITY - ST - ZIP
Suite 1112, Miami, FL 33131
☒ Change ☐ Addition

2.1 TITLE
V
2.2 NAME
DANIEL, ROLAND
2.3 STREET ADDRESS
777 Brickell Ave. 11th. Floor
2.4 CITY - ST - ZIP
Suite 1112, Miami, FL
☐ Change ☒ Addition

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

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

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

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

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 110.07(3)(k), Florida Statutes. I further certify that the information is true and correct, 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, and that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if it is an addition, or in Block 12 if it is a change.

SIGNATURE:

LUIS CATAN

02/24/95

(305)371-3777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number