

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 # **P94000042778 (8)**

1. Corporation Name

BANKEST RECEIVABLES FINANCE AND FACTORING CORP.

FILED

Feb 09, 1996 08:00 AM

Secretary of State



Principal Place of Business

**1395 BRICKELL AVE.
7TH FLOOR
MIAMI FL 33131**

Mailing Address

**1395 BRICKELL AVE.
7TH FLOOR
MIAMI FL 33131**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**VALDES-FAULI CORPORATE SERVICES, INC.
2 S. BISCAYNE BLVD.
SUITE 3400
MIAMI FL 33131-1897**

3. Date Incorporated or Qualified

06/08/1994

3a. Date of Last Report

04/06/1995

4. FEI Number

65-0508502

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

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

☐ Yes ☐ No

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 type for preferred name of registered agent and to be applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D ORLANSKY, HECTOR**
STREET ADDRESS **1395 BRICKELL AVE.**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ DELETE

NAME **D ORLANSKY, EDUARDO**
STREET ADDRESS **1395 BRICKELL AVE.**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ DELETE

NAME **D STANHAM, R. PETER**
STREET ADDRESS **1395 BRICKELL AVE.**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ DELETE

NAME **D PARLAPIANO, DOMINICK**
STREET ADDRESS **1395 BRICKELL AVE.**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/96 358-5610
Date Daytime Phone #

CR2E034 (12/95)