

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000042778

1. Corporation Name

BANKEST RECEIVABLES FINANCE AND FACTORING CORP.

Principal Place of Business

1395 BRICKELL AVE.
7TH FLOOR
MIAMI FL 33131

Mailing Address

1395 BRICKELL AVE.
7TH FLOOR
MIAMI FL 33131

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90020 019 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/08/1994

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 999 BRICKELL AVENUE

2a. Mailing Address

26 999 BRICKELL AVENUE

Suite, Apt. #, etc.

22 11TH FLOOR

Suite, Apt. #, etc.

27 11TH FLOOR

City & State

23 MIAMI FLORIDA

City & State

28 MIAMI FLORIDA

Zip

Country

24 33131 25 U.S.A.

Zip

Country

29 33131 30 U.S.A.

9. Name and Address of Current Registered Agent

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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

999 BRICKELL AVENUE 11TH FLOOR
MIAMI FLORIDA 33131

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

999 BRICKELL AVENUE 11TH FLOOR
MIAMI FLORIDA 33131

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

999 BRICKELL AVENUE 11TH FLOOR
MIAMI FLORIDA 33131

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

999 BRICKELL AVENUE 11TH FLOOR
MIAMI FLORIDA 33131

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 hereby 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)