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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000044598 (8)

CAPITAL FINANCE GROUP, INC.

FILED Jan 22 1998 8:00am Secretary of State



						4831: B.841 F188 83318 F818F J611 1881
Principal Place of Business Mailing Address					4 I DA LEBOT BLD I DELL GODEL ABERT OREIN BOILL B	YOUNG ENGIN BINDIN WAND IDIDIN (BAN IDDI
1221 BRICKELL AVENUE. 6TH FL. 1221 BRICKELL AVE			. 6TH FL.			
MIAMI FL 331		MIAMI FL 33131		DO NOT WOITE IN	I THIS COACE	
US		US		3. Date Incorporated or Qualified	DO NOT WRITE IN THIS SPACE	
					06/15/1994	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		65-0505250	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$9.75 Additional	
22	,	27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Added to Fees	
Zip	Country	Zip	Cou	ntry	8. This corporation owes or has paid	the current year Intangible
24	25	29	30		Personal Property Tax due June 30	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Regis	stered Agent
ME'	YERSON, LAURENCE			81 Name		
1221 BRICKELL AVE				82 Street A	Address (P.O. Box Number is Not Acceptable))
6TH	I FLOOR					
MIA	MI FL 33131			83		
				84 City		85 Zip Code
						FL 13 2 P 3 G G G
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, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND		13.	Tigoti signotoro	ADDITIONS/CHANGES TO OFFICER	
TITLE	CP	DELET e	1.1 10	`LE		☐ Change ☐ Addition
NAME	KONFINO, DAVID		1.2 NA	ME		
STREET ADDRESS	1221 BRICKELL AVE, 12TH FL		1.3 ST	REET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		1.4 CI	IY-ST-ZIP		
TITLE	V	DELETE	2.1 TI	LF		Change Addition
NAME	HOLZT, LEON		2.2 NA	ME		
STREET ADDRESS	1221 BRICKELL AVE 4TH FL		2.3 ST	REET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		2.4 C	TY-ST-ZIP		
TITLE	DT	☐ DELETE	3.1 TI	LE		Change Addition
NAME	HARRIS, LUCIOUS T		3.2 NA	ME		
STREET ADDRESS	1221 BRICKELL AVE 6TH FL		33 ST	REET ADDRESS]
CITY-ST-ZIP	MIAMI FL 33131		3 4. C	TY-ST-ZIP		
TITLE	Ō	☐ DELETE	4 1 Til	LE		☐ Change ☐ Addition
NAME	BOYCE, CHARLES		4. 2 N	AME		
STREET ADDRESS	1221 BRICKELL AVE 12TH FL		4.3 ST	REET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		4.4 CI	Y-ST-ZIP		
TITLE	D	DELETE	5.1 111	LE		Change Addition
NAME	HOLTZ, JAVIER		5.2 NA	ME		
STREET ADDRESS	1221 BRICKELL AVE 6TH FL		5.3 ST	REET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		5.4 CI	Y - ST - ZIP		
TITLE	V	☐ DELETE	6.1 TIT	LE		☐ Change ☐ Addition
NAME	HOLTZ, LEON		6.2 NA	ME		
STREET ADDRESS	1221 BRICKELL AVE 4TH FL		6.3 ST	REET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		6.4 CI	Y-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 supplimental 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.