

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 30 AM 9:44

DOCUMENT # P94000045171 (3)

1. Corporation Name

O.K. FINANCIAL SERVICES, INC.

Principal Place of Business

**16221
 15221 ABERDEEN WAY
 MIAMI LAKES FL 33014**

Mailing Address

**16221
 15221 ABERDEEN WAY
 MIAMI LAKES FL 33014**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/16/1994	3a. Date of Last Report
4. F.E.I. Number 65-0515657	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
5. This corporation has liability for interstate tax under Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
State, Apt. #, etc.	State, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country

9. Name and Address of Current Registered Agent

**ROBAINA, JULIO
 15221 ABERDEEN WAY
 MIAMI LAKES FL 33014**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
16221 ABERDEEN WAY
83.
84. City MIAMI LAKES FL 85. Zip Code 33014

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 the Principal Agent)

Signature (Registered Agent signature required when registering)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	ROBAINA, JULIO	1.2 NAME	
STREET ADDRESS	15221 ABERDEEN WAY	1.3 STREET ADDRESS	16221 ABERDEEN WAY
CITY, ST, ZIP	MIAMI LAKES FL 33014	1.4 CITY, ST, ZIP	MIAMI LAKES FL 33014
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	ARIAS, JOSE A	2.2 NAME	
STREET ADDRESS	15221 ABERDEEN WAY	2.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI LAKES FL 33014	2.4 CITY, ST, ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	SANCHEZ, RIGOBERTO	3.2 NAME	
STREET ADDRESS	15221 ABERDEEN WAY	3.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI LAKES FL 33014	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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 110.07(1)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 407, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

[Signature] **Julio Robaina**
 SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

6-26-95

CR2E034 (3/95)