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 # **P9400045171**1. Corporation Name

O.K. FINANCIAL SERVICES, INC.

Principal Place	e of Business	Mailing Address					
625 E. 49TH ST	rreet	625 E. 49TH STREET					
SUITE #200		SUITE #200			DO NOT WRITE IN THIS SP	ACE	
HIALEAH FL 33013 HIALEAH FL 3		HIALEAH FL 33013			3. Date Incorporated or Qualifed		
					06/16/1994		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	ed For
21		26			65-0515657		pplicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Add	
22		27			3. 00.0000	Fee Requ	ırea
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00 м	
23		28			Trust Fund Contribution	Added to	ees
Zip	Country	Zip	Cou	intry	This corporation owes the current year Intang		1
24	25	29	30		I Bisonar i roporty rust]No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Age	ent	4.17
		,		81 Name			•
ARIAS, JOSE				82 Street Addr	et Address (P.O. Box Number is Not Acceptable)		
625 E. 49TH STREET				Direct / tous	248 <u>- 248 - 248 - 258 -</u>	•	ومعورة م
SUIT	E #200			83			18
HIAL	EAH FL 33013					85 Zip Co	- 1 \$`,;}}' de
				84 City	FL	83 Zip Co	00
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the a	bove-named corp	poration submits this statement for the purpose of cha on's board of directors. I hereby accept the appointm	anging its re	gistered
office or r	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change was au	thorized	d by the corporation	on's board of directors. I hereby accept the appointing	ient as regis	nereu
agent. I a	am tamiliar with, and accept the obliga	mons of, Section 667.0505, Flori	ua Otat				
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registerer	d Agent signature require	d when reinstating) / DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 12
TITLE	PD	DELETE	1.1 TI	ITLE		Change	Addition
NAME	ARIAS, JOSE		1.2 N	AME İ	•		
	GOOD NAME AND TERRACE		135	TREET ADDRESS	<u>ئ</u> ىن.		
STREET ADDRESS	HIALEAH FL 33015		1	ITY-ST-ZIP	•		
CITY-ST-ZIP		C OF STE					
TITLE	VSD		■ 21T			Change	Addition
NAME	SANCHEZ, RIGOBERTO	☐ DELETE	2.1 TI	į.		Change	Addition
STREET ADDRESS		☐ DETE LE	2.2 N	AME		Change	Addition
CITY-ST-ZIP		☐ DEFEIE	2.2 N	AME TREET ADDRESS		Change	Addition
TITLE	150 W. 58 STREET HIALEAH FL 33012		2.2 N 2.3 S 2.4 C	TREET ADDRESS		- ·	
NAME	1	OELETE	2.2 N. 2.3 S 2. 4 C 3.1 TI	AME TREET ADDRESS CITY-ST-ZIP ITLE		Change	☐ Addition
STREET ADDRESS	1		2.2 N 2.3 S 2.4 C	AME TREET ADDRESS CITY-ST-ZIP ITLE		- ·	
	HIALEAH FL 33012		2.2 N 2.3 S 2.4 C 3.1 T 3.2 N	AME TREET ADDRESS CITY-ST-ZIP ITLE		- ·	
CITY-ST-ZIP	HIALEAH FL 33012	☐ OELETE	2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S	AME TREET ADDRESS CITY-ST-ZIP ITLE] Change	Addition
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	HIALEAH FL 33012	☐ OELETE	22 N 23 S 2.4 C 3.1 Tl 32 N 3.3 S 3.4. C	AME TREET ADDRESS CITY-ST-ZIP ITLE IAME STREET ADDRESS CITY-ST-ZIP] Change	Addition
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

FILED

Feb 12, 1999 8:00am

Secretary of State

02-12-1999 90023 021 ***150.00