

FILE NOW: FILING FEE AFTER MAY 1 IS ~~\$225.00~~ 550.00

PROFIT  
CORPORATION  
ANNUAL REPORT

~~1996~~x 1997



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

DOCUMENT # **P94000081038 (9)**

1. Corporation Name

**MIDAMERICA FINANCIAL CORPORATION**

Principal Place of Business

**4801 S. UNIVERSITY DRIVE  
SUITE 200  
FORT LAUDERDALE FL 33328**

Mailing Address

**4801 S. UNIVERSITY DRIVE  
SUITE 200  
FORT LAUDERDALE FL 33328**

FILED  
May 14 1997 8:00am  
Secretary of State



3. Date Incorporated or Qualified  
**10/31/1994**

3a. Date of Last Report  
**04/27/1995**

4. FEI Number  
**65-0532210**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired **XX** **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **XX** **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PEDRAJA, ALBERT  
4801 S. UNIVERSITY DRIVE  
SUITE 200  
FORT LAUDERDALE FL 33328**

81 Name  
**Cheryl Donenfeld**

82 Street Address (P.O. Box Number is Not Acceptable)  
**4801 S. University Drive**

83 Suite 200

84 City  
**Fort Lauderdale**

FL 85 Zip Code  
**33328**

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 *Cheryl Donenfeld*  
Signature, typed or printed name of registered agent and title if applicable

**Cheryl Donenfeld**

**04/29/97**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PEDRAJA, ALBERT</b>	
STREET ADDRESS	<b>10921 LAKEVIEW S. DRIVE</b>	
CITY - ST - ZIP	<b>PEMBROKE LAKES FL 33028</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Donenfeld, Cheryl</b>	
1.3 STREET ADDRESS	<b>4801 S. University Drive, Suite 200</b>	
1.4 CITY - ST - ZIP	<b>Fort Lauderdale, Florida 33328</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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; 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.

SIGNATURE: *Cheryl Donenfeld* **Cheryl Donenfeld**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/29/97**  
Date

**954-434-9554**  
Daytime Phone #

CR2E034 (12/95)