

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000002274 (5)

1. Corporation Name

CONCEPT ONE FINANCIAL SOLUTIONS, INC.



Principal Place of Business

329 ALESIO AVE
CORAL GABLES FL 33134

Mailing Address

329 ALESIO AVE
CORAL GABLES FL 33134

2. Principal Place of Business

21 5545 SW 8TH STREET

2a. Mailing Address

26 5545 SW 8TH STREET

Suite, Apt. #, etc.

22 SUITE 104

Suite, Apt. #, etc.

27 SUITE 104

City & State

23 MIAMI FL

City & State

28 MIAMI FL

Zip

24 33134

Country

25 USA

Zip

29 33134

Country

30 USA

3. Date Incorporated or Qualified

01/06/1995

3a. Date of Last Report

4. FEI Number

65-0547007

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

9. Name and Address of Current Registered Agent

VINCENT, JAMES L
329 ALESIO AVE
CORAL GABLES FL 33134

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]* JAMES L VINCENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

04-30-96

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☐ DELETE
NAME JAMES L VINCENT
STREET ADDRESS 329 ALESIO AVE
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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. TITLE PRESIDENT ☐ Change ☒ Addition
2. NAME JAMES L VINCENT
3. STREET ADDRESS 329 ALESIO AVE
4. CITY-ST-ZIP CORAL GABLES FL 33134

2. TITLE VICE-PRESIDENT ☐ Change ☒ Addition
2. NAME SERGIO E RUIZ
2.3 STREET ADDRESS 3401 SW 6TH ST
2.4 CITY-ST-ZIP MIAMI FL 33135

3. TITLE SECRETARY ☐ Change ☒ Addition
3. NAME RICARDO MONTELUÑO
3.3 STREET ADDRESS 110 NW 34TH AVE.
3.4 CITY-ST-ZIP MIAMI FL 33125

4. TITLE ☐ Change ☐ Addition
4. NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition
5. NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition
6. 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)(k), 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: *[Signature]* JAMES L VINCENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/96 (305) 265-1444

DATE

Daytime Phone #

CR2E034 (12/95)