

**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 # P95000014203 (0)**

1. Corporation Name

**GREATER FINANCIAL CORP.**



Principal Place of Business

**844 W 72 PL  
HIALEAH FL 33014**

Mailing Address

**844 W 72 PL  
HIALEAH FL 33014**

3. Date Incorporated or Qualified  
**02/17/1995**

3a. Date of Last Report  
**2/17/95**

2. Principal Place of Business

2a. Mailing Address

**21 1255 WEST 46th ST**

**26 1255 W 46th ST**

4. FLS Number

**65-0567219**

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

**22 #4**

**27 #4**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

City & State

City & State

**23 HIALEAH FL**

**28 HIALEAH, FL**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

Zip

Country

Zip

Country

**24 33012**

**25 USA**

**29 33012**

**30 USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROMERO, ARMANDO  
844 W 72 PL  
HIALEAH FL 33014**

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 typed or printed (not handwritten) and dated (not applicable)

Signature typed or printed (not handwritten) and dated (not applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

**D  
ROMERO, ARMANDO  
844 W 72 PL  
HIALEAH FL 33014**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

**D  
PONCE, JULIO JR.  
844 W 72 PL  
HIALEAH FL 33014**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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CITY-STATE-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change

☐ Addition

**300001867053  
-06/19/96--01059--019  
\*\*\*225.00**

14. I do hereby certify that the information supplied with this filing is voluntary, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/29/96**

**3052616257  
05 6/18/96**

CR2E034 (12/95)