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 # **P95000016047 (9)**

1. Corporation Name

ADVANTAGE FINANCIAL CORPORATION OF AMERICA, INC.

Principal Place of Business	Mailing Address
130 SOUTH SHORE DR. APT. 6F MIAMI BEACH FL 33141	130 SOUTH SHORE DR. APT. 6F MIAMI BEACH FL 33141

3. Date Incorporated or Qualified: 02/27/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 801 NE 74 ST.
22: Suite, Apt. #, etc.
23: City & State: MIAMI, FL
24: Zip: 33138
25: Country: USA

2a. Mailing Address
26: 801 NE 74 ST.
27: Suite, Apt. #, etc.
28: City & State: MIAMI, FL
29: Zip: 33138
30: Country: USA

4. FEI Number: 65-0563176 ☐ 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

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: DAVID TREECE
82 Street Address (P.O. Box Number is Not Acceptable): 801 NE 74 ST.
83:
84 City: MIAMI **FL** 85 Zip Code: 33138

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: David Treece — 5-13-96
Signature, type or printed name of Registered Agent (and title, if applicable) — (Required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TREECE, DAVID 130 S. SHORE DR., APT. 6F MIAMI BEACH FL 33141	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 801 NE 74 ST. MIAMI, FL 33138	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GONZALEZ, LUIS 130 S. SHORE DR., APT. 6F MIAMI BEACH FL 33141	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 801 NE 74 ST. MIAMI, FL 33138	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 000001828490 -05/20/96--01027--031 ***200.00	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition	

CR2E034 (12/95)

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 changed, or on an attachment with an address.

SIGNATURE: David Treece — 4-29-96 — 305-754-9956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #