

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

FILED
Mar 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P95000029945 (9)**

1. Corporation Name
CR FINANCIAL, INC.

Principal Place of Business

**201 S BISCAYNE BLVD
SUITE 1402
MIAMI FL 33131**

Mailing Address

**201 S BISCAYNE BLVD
SUITE 1402
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1995

4. FEI Number

65-0571244

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**MACAULAY, ROBERT B
201 S BISCAYNE BLVD
SUITE 1402
MIAMI FL 33131**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☒ DELETE

TITLE **D**
NAME **URIBE, LUIS E**
STREET ADDRESS **201 S BISCAYNE BLVD SUITE 1402**
CITY-ST-ZIP **MIAMI FL 33131**

☒ DELETE

TITLE **D**
NAME **ECHANDI, OLDEMAR**
STREET ADDRESS **201 S BISCAYNE BLVD SUITE 1402**
CITY-ST-ZIP **MIAMI FL 33131**

☒ DELETE

TITLE **D**
NAME **GONZALES, ARMANDO**
STREET ADDRESS **201 S BISCAYNE BLVD SUITE 1402**
CITY-ST-ZIP **MIAMI FL 33131**

☐ DELETE

TITLE **P**
NAME **JENKINS, FEDERICO**
STREET ADDRESS **201 S BISCAYNE BLVD., STE. 1402**
CITY-ST-ZIP **MIAMI FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

1.1 TITLE **Director**
1.2 NAME **Lionel Peralta**
1.3 STREET ADDRESS **201 South Biscayne Blvd., Suite 1402**
1.4 CITY-ST-ZIP **Miami, Florida 33131**

☐ Change ☒ Addition

2.1 TITLE **Director**
2.2 NAME **Rafael A. Mora**
2.3 STREET ADDRESS **201 South Biscayne Blvd., Suite 1402**
2.4 CITY-ST-ZIP **Miami, Florida 33131**

☐ Change ☒ Addition

3.1 TITLE **Director**
3.2 NAME **Marco Alfaro**
3.3 STREET ADDRESS **201 South Biscayne Blvd., Suite 1402**
3.4 CITY-ST-ZIP **Miami, Florida 33131**

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

[Signature]

305-630-3111

CR2034 (10/97)