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 # **P95000036759 (5)**

1. Corporation Name
PRIMARY FINANCIAL SERVICES, INC.

Principal Place of Business
SIXTH FLOOR MCORMICK BLDG.
111 S.W. 2RD STREET
MIAMI FL 33130

Mailing Address
SIXTH FLOOR MCORMICK BLDG.
111 S.W. 2RD STREET
MIAMI FL 33130

3. Date Incorporated or Qualified: 05/10/1995
3a. Date of Last Report:

2. Principal Place of Business
21 2801 Ponce de Leon Blvd
Suite, Apt. #, etc.
22 Suite #430
City & State
23 Coral Gables, FL.
Zip 24 33134 Country 25 U.S.A

2a. Mailing Address
26 2801 Ponce de Leon Blvd
Suite, Apt. #, etc.
27 Suite #430
City & State
28 Coral Gables, FL
Zip 29 33134 Country 30 U.S.A

4. FEI Number: 65-0580891 ☐ 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**
HARRIS, ELLIOTT
111 S.W. 3RD STREET
MIAMI FL 33130

10. **Name and Address of New Registered Agent**
81 Name: Jose A. Rey
82 Street Address (P.O. Box Number is Not Acceptable): 2180 N.W. 19th Ave
83
84 City: Miami. FL 85 Zip Code: 33142

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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: Jose A. Rey [signature] DATE: Feb-15-1996

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	REY, JOSE A	
STREET ADDRESS	91 NORTH HIBISCUS DR.	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VD	☐ DELETE
NAME	REY, MIRTA R	
STREET ADDRESS	91 NORTH HIBISCUS DR.	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	S	☐ DELETE
NAME	REY, IVETTE	
STREET ADDRESS	2801 PONCE DE LEON BLVD. #430	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	T	☐ DELETE
NAME	REY, EDUARD	
STREET ADDRESS	2180 N.W. 19TH AVE.	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	S	☒ DELETE
NAME	HARRIS, ELLIOTT ASST.	
STREET ADDRESS	111 S.W. 3RD ST. 6TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	100001810111	☐ Change ☐ Addition
5.2 NAME	-05/06/96--01106--037	
5.3 STREET ADDRESS	***200.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS	5-1-96	
6.4 CITY-ST-ZIP	OR	

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 if changed, or on an attachment with an address.

SIGNATURE: [signature] President 2-15-96 (305) 448-1744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jose A. Rey