FILE NOW: FILING FEE A	FTER MAY 1 IS	\$225.	00	
PROFIT CORPORATION ANNUAL REPORT 1996	FLORIDA DEPART Sandra B Secretary DIVISION OF CO	Mortham of State		
DOCUMENT # P95000  1. Corporation Name  NEXT FINANCIAL CORPORATION II	0049801 (0) NC.			
Principal Place of Business  901 PONCE DE LEON BLVD STE. 600  CORAL GABLES FL 33134  Mailing Address  901 PONCE DE LEON BLVD STE. 600  CORAL GABLES FL 33134				
				3. Date Incorporated or Qualified 3a. Date of Last Report 06/23/1995.  4. FEI Number 65-Q647388 Applied For
2. Principal Place of Business 2a. Mailing Address 2b. 2c. 2c. 2c. 2c. 2c. 2c. 2c. 2c. 2c. 2c				Applied For by TAY 3/4/42 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired Section Fee Required
27				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees
23 Country 25	Ζφ	Country 30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No
9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered Agent
MATO, MANUEL		82	' ' '	t Address (P.O. Box Number is Not Acceptable)
901 PONCE DE LEON BLVD., STE. 600 CORAL GABLES FL 33134		83		
		[	ļ	85 Z <sub>10</sub> Code
		84	1 '	FL   T   T   T   T   T   T   T   T   T
or registered agent, or both, in the State of Horid familiar with, and accept the obligations of, Sector SIGNATURE	a, Such change was addiction on 607,0505, Florida Statutes.	TRIV THE CON	Word will a	corporation submits this statement for the purpose of changing its registered off is board of directors. I hereby accept the appointment as registered agent. I am
*Signal we, typed or protect rains of registered up to 2.  OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D	☐ DELETE	1 1 Trite		☐ Criange ☐ Addition
NAME MAIO, MAIOCL		1.2 NAM6		
STREET AUGRESS			ELADORESS SLIZIE	
TITLE CORAL GABLES PL 33 134	DELETE	2 1 T-IL		Change Addition

SIG CR2E034 (12/95) 12. TiTE NAN STR CiT TITL NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CHY-51-ZIF CrTY-ST-ZIP ☐ Change ☐ Addition DELETE 3 1 11 TLE TITLE 3.2 NAME NAME 33 STREET ADDRESS STREET ADDRESS 300001784203 -04/17/96--01071--007\*\*\* \*\*\*200.00 3.4 CHY - \$1 - ZIF CITY-ST-ZIP Addition DELETE 4.1 10115 TIFLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City - St - Zin CITY - ST - ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAM: NAME 5.3 STHEET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY - ST - 719

14. I do hereby certify that the information supplied with this fing 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 export 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 projection or the receiver or trusted employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter if or manual report with an address.

SIGNATURE:

SIGNATURE AND

Manuel M. Mato 3/11/96 200)445-6171