AMENDED

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P95000049801 (0)

Corporation Name

NEXT FINANCIAL CORPORATION INC.

Principal Place of Business	Mailing Address
901 PONCE DE LEON BLVD., STE. 600 CORAL GABLES FL 33134	901 PONCE DE LEON BLVD., STE. 600 CORAL GABLES FL 33134

Date Incorporated or Qualified: 06/23/1995

Date of Last Report:

FEI Number: 65-0647388 ☐ Applied For ☐ Not Applicable

21 Principal Place of Business		26 Mailing Address	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State		28 City & State	
24 Zip	25 Country	29 Zip	30 Country

Certificate of Status Desired ☐ **$8.75** Additional Fee Required

☐ **$5.00** May Be Added to Fees

This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

Name and Address of Current Registered Agent

MATO, MANUEL
901 PONCE DE LEON BLVD., STE. 600
CORAL GABLES FL 33134

Name and Address of New Registered Agent

81 Name

82 (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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE	1 1 TITLE: President/Sec./Director ☒ Change ☐ Addition
NAME	MATO, MANUEL		1 2 NAME: Manuel Mato
STREET ADDRESS	901 PONCE DE LEON BLVD., STE. 600		1 3 STREET ADDRESS: 901 Ponce de Leon Blvd. Suite 600
CITY-ST-ZIP	CORAL GABLES FL 33134		1 4 CITY-ST-ZIP: Coral Gables, FL 33134
TITLE		☐ DELETE	2 1 TITLE: CEO - Director ☐ Change ☒ Addition
NAME			2 2 NAME: E. Daniel Lopez
STREET ADDRESS			2 3 STREET ADDRESS: 901 Ponce de Leon Blvd. Suite 600
CITY-ST-ZIP			2 4 CITY-ST-ZIP: Coral Gables, FL 33134
TITLE		☐ DELETE	3 1 TITLE: Vice Pres./Asst. Sec./Dir. ☐ Change ☒ Addition
NAME			3 2 NAME: Mike Verdeja TREASURER
STREET ADDRESS			3 3 STREET ADDRESS: 901 Ponce de Leon Blvd. Suite 600
CITY-ST-ZIP			3 4 CITY-ST-ZIP: Coral Gables, FL 33134
TITLE		☐ DELETE	4 1 TITLE: Assistant Vice President ☐ Change ☒ Addition
NAME			4 2 NAME: Robert Lloveras
STREET ADDRESS			4 3 STREET ADDRESS: 901 Ponce de Leon Blvd. Suite 600
CITY-ST-ZIP			4 4 CITY-ST-ZIP: Coral Gables, FL 33134
TITLE		☐ DELETE	5 1 TITLE: ☐ Change ☐ Addition
NAME			5 2 NAME:
STREET ADDRESS			5 3 STREET ADDRESS:
CITY-ST-ZIP			5 4 CITY-ST-ZIP:
TITLE		☐ DELETE	6 1 TITLE: ☐ Change ☐ Addition
NAME			6 2 NAME: 400001912554
STREET ADDRESS			6 3 STREET ADDRESS: -08/05/96--01036--045
CITY-ST-ZIP			6 4 CITY-ST-ZIP: ***61.25

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 M. Mato 3/11/96 7/12/96 (305) 445-6171