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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000066345 (6)

RURAL SECURITIES, INC.

| | | | | | | | | | 411 18 | | |
|---|---|--------------------|--|-----------------|-----|----------------------------------|---|------------|-----------------|----------------|--|
| Principal Place of Business Mailing Address | | | | | | | • | | | | |
| 200 S. BISCAYNE BLVD. 3750 | | | 200 S BISCAYNE BLVD. SUITE 3710 MIAMI FL 33131-2370 | | | | | | | | |
| MIAMI FL 3313 | 31 | | | | | | | 1 | | | |
| US | | | | | | | 3. Date Incorporated or Qualified 3a. Date of Last Report 03/19/1996 | | | | |
| 2. Pendipat f 21 | Place of Business | - | 28. Maing Address 26 | | | | 4. FEI Number Applied For 65-0603093 Not Applied | | | <u> </u> | |
| Suite, Apri | | Su | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | | | |
| City & State City & State | | | | | | | 6. Election Campaign Financing \$5.00 May Be | | | | |
| 23 | | 28 | | | | | Trust Fund Contribution | | Added | to Fees | |
| Zip Cocalry | | | Zip Country | | | | 8. This corporation has liability for intangible tax under s. 199.032, | | | | |
| 24 | 25 29 34 g. Name and Address of Current Registered Agent | | | 30 | | | Florida Statutes Yes X No 10. Name and Address of New Registered Agent | | | | |
| 111 | | nt Registere | a Agent | 8 | न | Name | 10. realite and Address of New No | Braronen y | Agont | | |
| MACAULAY, ROBERT B 201 S BISCAYNE BLVD | | | | | | | атпо | | | | |
| | AMI FL 33131 | | | | 2 | Street Addre | dress (P.O. Box Number is Not Acceptable) | | | | |
| MIM | WII FL 33131 | | | 8 | 3 | | | | | | |
| | | | | Ľ | _ | | | | | | |
| | | | | 8 | 4 | City | | FL | 85 Zip | Code | |
| 11. Pursuant | t to the provisions of Sections 607.05 | 02 and 607.1 | 508, Florida Statu | ites, the abo | ve | -named corpo | oration submits this statement for the purific board of directors. I hereby accept | ourpose of | changing i | its registered | |
| office or | registered agent, or both, in the State | e of Florida 3 | Such change was | authorized | by | the corporation | on's board of directors. I hereby accep | ot the app | ointment as | registered | |
| | ат татппаг wiii, ано ассоря жұрсынд | janous or, oc | (cital) 007:0000, 1 | IONGA SIBIGI | .03 | • | | | | | |
| SIGNATURE | Signature typed or professional eight registered ag | ont and title Capi | popable. (NC | TE Registered A | \ge | rit signature required | | DATE | | | |
| 12. | OFFICERS AN | | RS | 13. | | | ADDITIONS/CHANGES TO OFFIC | ERS AND | DIRECTO | | |
| TifeF | P | | DELETE | 1.1 TITLE | E | SEC | RETARY | • | Change | X. Addition | |
| NAME | HERNANDEZ, OILDA C | | | . 1.2 NAM | E | BIN | DER, LUISA | | | | |
| STREET ADDRESS | 200 S. BISCAYNE BLVD, #37 | 50 | | 1.3 STR | ĘT. | ADDRESS 200 | S. BISCAYNE BLVD. # | 3750 | | | |
| CITY - \$1 - Zir | MIAMI FL | | | 1.4 CITY | - S | T-ZIP MIA | MI, FL 33131 | | | | |
| 111 cF | S | | DELETE | 2.1 TITLE | E | ASS | SISTANT VICE PRESIDE | NT | X Change | Addition | |
| NAME | FUERTH, SANA | | | 2.2 NAM | IE. | FU | ERTH, SANA | | | | |
| STREET ADDRESS | | XU | | 2.3 STR | ŧΙ | ADDRESS 200 | O.S. BISCAYNE BLVD. | #3750 | | | |
| CHY-\$1-7IF | MIAMI FL. | ., | | 2. 4 CiT | | ST-ZIP MI | AMI, FL | | | | |
| TIBLE | VPC | | X DELETE | 3.1 http:// | E | | | | Change | Addition | |
| NAV4 | BOONSTRA, CARL A. | En | | 3.2 NAM | E | | | | | | |
| STREET ADDRESS | 200 S. BISCAYNE BLVD, #37 | 9 0 | | 3.3 STAI | ŧ | ADDRESS | | | | | |
| C-IY-St ZIP | MIAMI FL | | | 3.4. CIT | | | | | F-1 6 | T LAGRES | |
| 311(F | C DADELLO DANA | | ☐ DELETE | 4.1 TITL | E | | RECTOR | | XX Change | Addition | |
| NAMÉ | RABELLO, JUNIA | 7EA | | 4.2 NA | ИE | | BELLO, JUNIA | | | | |
| STREET ADDRESS | 200 S. BISCAYNE BLVD., #37 | 100 | | 4.3 STR | EET | | O S. BISCAYNE BLVD. | #3750 | | | |
| CHY-SY-ZIP | MIAMI FL | | 55.575 | 4.4 CITY | _ | II-ZIP MI | AMI. FL | | Chases | Addition. | |
| TITLE | DIMONT JOSE AUGUSTO | | DELETE | 5.1 TITE | | | | | Change | Modition | |
| NAM! | DUMONT, JOSE AUGUSTO | 750 | | 5.2 NAM | | | ₩. | | | | |
| STEVET ALMIRESS | 200 S. BISCAYNE BLVD., #37 | TOU | | 5.3 STR | EET | ADDRESS | | | | | |
| Cally-St ZIF | MIAMI FL | | | 5.4 CITY | | 31 - ZIP | | | 110 | 1122 | |
| THE | D COASE DEMATO | | DELETE | 6.1 TITL | | | | | Change | Addition | |
| NAME | SCAFF, RENATO | EO | | 6 2 NAN | | | | | | | |
| LISTRUCT ATTURESS | │ 200 S. BISCAYNE BLVD. #37 | J U | | 63 STB | FFT | ANDRESS ! | · · | | | | |

14. I do hereby certily 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 and cated 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:

DSGNATURE AND TYPE O OH PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/1997

305-374-3405

FILED

Mar 13 1997 8:00am

Secretary of State

Daytime Prione #