FILE	NOW: FILIN	G FEE AFTER	MAY 1 IS \$2	.00		
	PROFIT PORATION	(4 ×	FLORIDA DEPARTMEN			
	JAL REPORT		Sandra B. Mort Secretary of S			
•	1996		DIVISION OF CORPO	ONS		
DOCUM 1. Corporation	MENT # P	95000081	472 (9)			
	i Name E me financial S i	FRVICES. INC.				
VVI 1	-Mie i Handene e	LITTOLO, IITO				
Principal Place	of Business	Mailing A	Address		-{ I Oddiaddi iau ddau gaila gala g 	011 3011 00101 10101 11011 01011 16010 1101 1001
9738 N.W. 4 Miami Fl 33			N.W. 4TH LANE I FL 33172			
					3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Pla	ace of Business	Za. Maitır	ng Address Q 3 0 0	Dadelan	10/24/1995 d 4. FEI Number	Applied For
21 9300 S Miami Suite, Apt. #		Blvd#404 3a. Mailir	d. #404 MI	ALI FLA.	1	Not Applicable \$8.75 Additional
[22]		27			5. Certificate of Status Desired	□ \$6.75 Additional Fee Required
City & State	;	City 8	& State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7(p	Country 25	Zip 29	30	ountry	B. This corporation has liability for Florida Statutes	or intangible tax under s 199.032,
		ss of Current Registered			10. Name and Address of New	
GARCIA	A, JORGE L			81 Name GA	RCIA JORGE L. ess (P.O. Box Number is Not Accept.	-1-1-1
9738 N.W. 4TH LANE:				9300 S	 Dadeland Blvd 	Suite # 404
MIAMI F	FL 33172			83		11 2: 0-4
·				84 City MI	AMI	FL 85 Zip Code 33156
or registere	ed agent, or both, in the S	ons 607.0502 and 607.1508 State of Florida. Such chan ions of, Section 607.0505,	ge was authorized by th	bove-named corpora e corporation's boar	d of directors. I hereby accept the ap	ourpose of changing its registered office opointment as registered agent. I am
SIGNATURE _	Jonge 2 8	Museum Tregistered agent and trie it applicate		red Agent signature required		1-22-96
12.	OF	FRICERS AND DIRECTORS	1			FFICERS AND DIRECTORS IN 12
TITLE NAME	D Garcia, Jorge L	I		1 TIFLE 2 NAME		☐ Change ☐ Addition
STREET ADDRESS	9738 N.W. 4TH LA			3 STREET ADDRESS		
CHIY-ST-ZIP TITLE	MIAMI FL 33172		the tree	4 CITY - ST- ZIP 1 TIFLE		☐ Change ☐ Addition
N4ME			2	2 NAME		<u> </u>
STREET ADDRESS CITY-ST-ZIP				3 STREET ADORESS 4 City - St - Zip		
TITLE	A STANDON FOR THE STANDON STANDON STANDON STANDON		DELETE 3.	1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS				NAME B. STREET ADDRESS		
CHY-ST-ZIP			3.	4 CITY - ST - ZIP		
TITLE NAME			_	1 TIFLE 2 NAME		☐ Change ☐ Addition
STREET ADDRESS				3 STREET ADDRESS		
CHTY+ST-ZIP TITLE			Parente Company	4 CITY - ST - ZIP 1 TITLE		Change Addition
NAME			5	2 NAME		
STHEET ADDRESS CHY-ST-ZIP				S STREET ADDRESS 4 City - S1 - Zip		
Trice		THE REPORT OF THE PROPERTY OF	Property of the state of the st	1 TIFLE		☐ Change ☐ Addition
NAME STREET ADDRESS				P NAME 3 STREET ADDRESS		
CITY-SI-ZIP			6-	4 CITY - ST - ZIP		
certify that oath; that	t the information indicated I am an officer or director	I on this annual report or su of the corporation or the re	applemental annual repo aceiver or trustee empor	rt is true and accurat	or the exemption stated in Section 11 e and that my signature shall have the report as required by Chapter 607,	ne same legal effect as if made under
appears in	n Block 12 or Block 13 if c	changed, or on an attachm	ent with an address.	1	1-22-9	, in the second
SIGNAT	URE:	AND TYPED OR PRINTED NAME	OF SIGNING OFFICER OR DIE	F. D	[kilo	76 305-670-3186 Daythic Phone 8