

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

**FILED**

98 DEC 14 PM 2:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000085969

1. Corporation Name  
NORTH AMERICAN INTERNATIONAL FINANCIAL INC. CORPORATION

Principal Place of Business Mailing Address  
3461 SW Williston Rd Gainesville FL 32608 3461 SW Williston Rd Gainesville FL 32608

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	<u>11/07/1995</u>	<u>59-3437767</u>	Not Applicable
Suite, Apt # etc	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required	
22	27	<input type="checkbox"/> \$5.00 May Be Added to Fees		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		
23	28	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Zip	Country	Zip	Country	
24	25	29	30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
<u>VR Eugene Richter</u> <u>3916 SW 19 St</u> <u>Gainesville, FL 32608</u>		B1 Name	<u>Dr. Nicholas Greco</u>	
		B2 Street Address (P.O. Box Number is Not Acceptable)	<u>3962 NW 87 Ave</u>	
		B3		
		B4 City	<u>FL</u>	B5 Zip Code <u>32608</u>

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 Dr. Nicholas Greco President DATE 12/14/98  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>VP Eugene Richter</u>	1.2 NAME	<u>Dr. Nicholas Greco</u>
STREET ADDRESS	<u>3916 SW 19 St</u>	1.3 STREET ADDRESS	<u>3962 NW 87 Ave</u>
CITY-ST-ZIP	<u>Gainesville FL 32608</u>	1.4 CITY-ST-ZIP	<u>Gainesville, FL 32606</u>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<u>Eugene Richter Vice-president</u>
STREET ADDRESS		2.3 STREET ADDRESS	<u>3916 SW 19 St</u>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<u>Gainesville, FL 32608</u>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<u>Treasurer MS. Rebecca Y. YNW</u>
STREET ADDRESS		3.3 STREET ADDRESS	<u>3962 NW 87 Ave</u>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<u>Gainesville FL 32606</u>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	<u>200002711782</u>
STREET ADDRESS		4.3 STREET ADDRESS	<u>-12/14/98-01102-001</u>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<u>*****61.25 *****61.25</u>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<u>200002711782</u>
STREET ADDRESS		5.3 STREET ADDRESS	<u>-12/14/98-01102-001</u>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<u>*****8.75 *****8.75</u>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify 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 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 Dr. Nicholas Greco Nicholas Greco Pres. DATE 12-14/98 DAYTIME PHONE # 352-378-8073  
Signature and typed or printed name of signing officer or director

CR2E034 (10/97)