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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000014875 (4)**

1. Corporation Name
AVFINANCE GROUP, INC.

Principal Place of Business	Mailing Address
100 W. CYPRESS CREEK ROAD SUITE 805 FORT LAUDERDALE FL 33309	100 W. CYPRESS CREEK ROAD SUITE 805 FORT LAUDERDALE FL 33309-2140

3. Date Incorporated or Qualified: 02/16/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1975 E. Sunrise Blvd.	26 1975 E. Sunrise Blvd.
Suite, Apt. #, etc. 22 Suite 826	Suite, Apt. #, etc. 27 Suite 826
City & State 23 Fort Lauderdale, FL	City & State 28 Fort Lauderdale, FL
Zip / Country 24 33304 / 25 USA	Zip / Country 29 33304 / 30 USA

4. FEI Number: 65-0642161 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

NUSSBAUM, HOWARD J
100 W. CYPRESS CREEK ROAD
SUITE 805
FORT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name: Raymond, Mark F.
82 Street Address (P.O. Box Number is Not Acceptable): Miami Center, 26th Floor
83 201 South Biscayne Boulevard
84 City: Miami FL 85 Zip Code: 33131

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: Mark F. Raymond MARK F. RAYMOND 3/23/97
(Type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LACROIX, DAVID	1.2 NAME	
STREET ADDRESS	P.O. BOX 491810 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33349	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LACROIX, DAVID	2.2 NAME	
STREET ADDRESS	P.O. BOX 491810 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33349	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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: President 3-14-97 954-467-0935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #