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Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000031257 (4)

1. Corporation Name
P.G.A. FINANCIAL CORP.

Principal Place of Business
13020 S.W. 2ND STREET
MIAMI FL 33184

Mailing Address
13020 S.W. 2ND STREET
MIAMI FL 33184-1204



3. Date Incorporated or Qualified
04/05/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 13500 N. KENDALL DR.

26 13500 N. KENDALL DR.

4. FEI Number

Applied For

65-0658541

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 211

27 Suite 211

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 MIAMI FL

28 MIAMI FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

24 33186

25 Dade

Zip

Country

29 33186

30 Dade

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAVADA, ANA V
13020 S.W. 2ND STREET
MIAMI FL 33184

81 Name

82 Street Address (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

Signature, typed 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 PD
NAME CAVADA, ANA V
STREET ADDRESS 13020 S.W. 2ND STREET
CITY-ST-ZIP MIAMI FL 33184

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME CAVADA, PETER F
STREET ADDRESS 13020 S.W. 2ND STREET
CITY-ST-ZIP MIAMI FL 33184

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD
NAME CAVADA, GEORGE L
STREET ADDRESS 13020 S.W. 2ND STREET
CITY-ST-ZIP MIAMI FL 33184

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/97

(305) 382-9777

Daytime Phone #

0048328

CR2E034 (9/96)