2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003
Secretary of State

DOCUMENT# P96000036437

Entity Name: FIRST FINANCIAL OF DELAWARE CORP.

Current Principal Place of Business:

676 NE 80TH ST
MIAMI, FL 33138

New Principal Place of Business:

Current Mailing Address:

6423 COLLINS AVE
APT 1210
MIAMI BEACH, FL 33141

New Mailing Address:

FEI Number: 65-0661046 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUARTE-VIERA, ANIBAL
3211 PONCE DE LEON BLVD.
SUITE 202
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BELLAS, EDUARDO DR
Address: 6423 COLLINS AVE #1210
City-St-Zip: MIAMI BEACH, FL 33141

Title: STR ( ) Delete
Name: BELLAS, GLADYS MRS
Address: 6423 COLLINS AVE #1210
City-St-Zip: MIAMI BEACH, FL 33141

Title: D ( ) Delete
Name: BELLES, AMADA
Address: 7545 WEST TREASURE DRIVE
City-St-Zip: MIAMI, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. EDUARDO BELLAS P 01/23/2003

Electronic Signature of Signing Officer or Director — Date