## 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

P96000057498 (3) **DOCUMENT #** MIAMI FINANCIAL GROUP, INC. Principal Place of Business Mailing Address 8345 S.W. 168TH TERRACE P.O BOX 112533 MIAM! FL 33157 MIAMI FL 33111 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/09/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 65-0686738 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Zip Country This corporation owes or has paid the current year Intangible ☐ Yes 24 25 29 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 8345 S.W. 168TH TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33157** 83 City 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 agree and title if applicable (NOTE Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELFTE Addition Change TITLE 1.1 TITLE NAME **BELLO, WILLIAM** 1.2 NAME CR2E034 8345 S.W. 168TH TERRACE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33157 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE TITLE Change Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS COTY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Change Addition TITLE 61 TITLE NAME 62 NAME

14. I hereby certify that the information supplied with this tying 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 supplied entail 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 region of the corporation or the region of the region of the corporation of t

6.3 STREET ADDRESS

64 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP

William Bello

**FILED** 

Mar 09 1998 8:00am

Secretary of State

305-824-1471