


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

FILED

Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000060107 (5)**

1. Corporation Name

FIRST LENDERS FINANCIAL GROUP, INC.

Principal Place of Business

**3555 MAGUIRE BLVD. STE 204
ORLANDO FL 32803**

Mailing Address

**3555 MAGUIRE BLVD. STE 204
ORLANDO FL 32803**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1996

4. FEI Number

59-3388840

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**OVEDO, JUAN O
114 RIVER ISLE DRIVE
ORLANDO FL 32807**

10. Name and Address of New Registered Agent

81 Name

Ignacio Branger

82 Street Address (P.O. Box Number is Not Acceptable)

1706 BOXENEY DRIVE

83

84

Orlando

FL

85

32837

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

1/19/98

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	OVEDO, JUAN O	
STREET ADDRESS	114 RIVER ISLE DR	
CITY - ST - ZIP	ORLANDO FL	
TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	Attilio Vonzin	
STREET ADDRESS	3555 MAGUIRE Blvd #204	
CITY - ST - ZIP	ORLANDO FL	
TITLE	MANAGER OFFICER	<input type="checkbox"/> DELETE
NAME	IGNACIO BRANGER	
STREET ADDRESS	1706 BOXENEY Drive	
CITY - ST - ZIP	Orlando, FL 32837	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.1 TITLE	PRESIDENT	
1.2 NAME	Attilio Vonzin	
1.3 STREET ADDRESS	3555 MAGUIRE Blvd. Suite #204	
1.4 CITY - ST - ZIP	Orlando, FL 32803	
2.1 TITLE	VP/IT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ignacio Branger	
2.3 STREET ADDRESS	1706 BOXENEY DRIVE	
2.4 CITY - ST - ZIP	Orlando, FL 32837	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

[Signature]

REQUIRED

1/19/98 (407) 228-4040

CR2E034 (10/97)