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May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90200 006 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P96000066212</b>			
1. Corporation Name <b>MAS-FIN FINANCIAL SERVICES INC.</b>			
Principal Place of Business <b>3409 N.W. 59TH STREET BOCA RATON FL 33496</b>		Mailing Address <b>3409 N.W. 59TH STREET BOCA RATON FL 33496</b>	
2. Principal Place of Business 21 <b>10970 LA REINA Rd</b> Suite, Apt. #, etc. 22		2a. Mailing Address 26 <b>10970 LA REINA Rd</b> Suite, Apt. #, etc. 27	
City & State 23 <b>DELRAY BEACH FL</b> Zip Country 24 <b>33446</b> 25 <b>USA</b>		City & State 28 <b>DELRAY BEACH FL</b> Zip Country 29 <b>33446</b> 30 <b>USA</b>	
9. Name and Address of Current Registered Agent <b>KAHAN, CHARLES E 3409 N.W. 59TH STREET BOCA RATON FL 33496</b>			
10. Name and Address of New Registered Agent 81 Name <b>KAHAN CHARLES E</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>10970 LA REINA ROAD</b> 83 84 City <b>DELRAY BEACH</b> FL 85 Zip Code <b>33446</b>			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.			
12. OFFICERS AND DIRECTORS 1.1 TITLE <input type="checkbox"/> DELETE NAME <b>KAHAN, CHARLES E</b> STREET ADDRESS <b>3405 NW 59TH ST</b> CITY-ST-ZIP <b>BOCA RATON FL 33496</b> 1.2 TITLE <input type="checkbox"/> DELETE NAME <b>KAHAN, CHARLES E</b> STREET ADDRESS <b>3405 NW 59TH ST</b> CITY-ST-ZIP <b>BOCA RATON FL 33496</b> 1.3 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 1.4 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 1.5 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>PTSD KAHAN CHARLES</b> 1.2 STREET ADDRESS <b>10970 LA REINA ROAD</b> 1.3 CITY-ST-ZIP <b>DELRAY BEACH FL 33446</b> 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 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			

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/99** **581 637940**  
Date Daytime Phone #

CR2E034 (11/98)