SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED Sep 24 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham

ANNUAL REPORT 1997			Secretary of State DIVISION OF CORPORATIONS		Secretary of State
DOCU 1. Corporatio	MENT #	P96000	071099 (1)		
EXPORT	FINANCE G	ROUP, INC			
Principal Place of Business			Mailing Address		- I ADERLAGE IND VONTE BLUIL BOUND ORBEN DOUGH BONNE VOTOE SKANL BONNE FRUIT HON I HON I HON I HON I HON I HON I
3521 SILVER OAK CT LAKE WALES FL 33853			3521 SILVER OAK CT LAKE WALES FL 33853		
DANE WALES PL 33050			LANE WALES PL 33833		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 3a. Date of Last Report 08/26/1996
2. Principal Place of Business			2a. Mailing Address		4. FEI Number Applied For
Suite, Apt. #, etc.			Suite, Apt. #, etc.		\$8.75 Additional
22			27		5. Certificate of Status Desired Fee Required
City & State			City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip		Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	Address of Current	Pagistared Apart	30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent WOLFE, LARRY 81 Name				81 Name	10. Harris Bits Assisses of New Helpersten Albert
	A JOHN KNOX	ROAD		82 Street A	ddress (P.O. Box Number is Not Acceptable)
TALLAHASSEE FL 32303-6643				83	
#					
				84 City	FL 85 Zip Code
11. Pursuant office or r	to the provisions of	of Sections 607.0502 or both, in the State of	and 607.1508, Florida Statu f Florida, Such change was	ules, the above-named of authorized by the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
	m familiar with, ar	nd accept the obligat	ions of, Section 607.0505, F	lorida Statutes.	F -10 ()
SIGNATURE	Signature typed or prin	led name of registered agent	and little if applicable. (NO	OTE. Registered Agent signature r	equired when reinstating) DATE
12.		OFFICERS AND	DIRECTORS DELFTE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.
TITLE NAME	D Dipardo, Ro	RERT	L. J DECCTE	1.2 NAME	Onango Attorion
STREET ADDRESS	3521 SILVER			1.3 STHEET ADDRESS	
CITY-ST-ZIP	LAKE WALES	FL 33853		1.4 CHY-ST-ZIP	
TITLE	D DIDADDO MI	NZI I	DELETE	2.1 TITLE	Change Addition C
NAME STREET ADDRESS	DIPARDO, MIC 3521 SILVER			2.2 NAME 2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES			2. 4 CHY-ST-ZIP	
TITLE			DELETE	3.1 TITLE	Change Addition
NAME OXOSSY ADDRESS				3.2 NAME	
STREET ADDRESS CITY-ST-ZIP	1			3.3 STREET ADDRESS 3.4. CITY- ST- ZIP	
TITLE			DELETE	4.1 ¥ITLE	Change Addition
NAME				4. 2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE			DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	Change Addition
NAME				5.2 NAME	// 1 . 102
STREET ADDRESS				5.3 STREET ADDRESS	720/24/19/1
CITY-ST-ZIP				5.4 CITY-ST-ZIP	-110
TITLE			☐ DELETE	61 TITLE	Change Addition
NAME STREET ADDRESS				6.2 NAME 6.3 STREE1 ADDRESS	700002303757 -09/25/9701103024
CITY-ST-ZIP				6.4 CITY-ST-ZIP	***750,00
14. 1 do heret	by certify that the	information supplied s annual report or su	with this filing does not qua	lify for the exemption sta	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the

Information inducted on this annual report or supplemental armost report is true and accurate and trial my signature shall have the same legal effect as it made under or 1 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.

SICANDARI PINAMORI DE