

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

FILED  
Jul 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # P96000672232  
1. Corporation Name  
PRIME FUNDING CORPORATION

Principal Place of Business Mailing Address  
1240 NE 159st  
MIAMI FL 33162.

2. Principal Place of Business 2a. Mailing Address  
21 SAME as above 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27  
23 Zip 28 Country  
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report  
August 28, 96  
4. FEI Number 65-0735886  
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
HEROLD CASSEUS  
1240 NE 159st  
MIAMI FL 33162.

10. Name and Address of New Registered Agent  
81 Name HEROLD CASSEUS  
82 Street Address (P.O. Box Number is Not Acceptable) 1240 NE 159st  
83 MIAMI FL 33162.  
84 City FL 85 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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	HEROLD CASSEUS	
STREET ADDRESS	1240 NE 159st	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	HEROLD CASSEUS	
STREET ADDRESS	1240 NE 159st	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE	TREASURER & SECRETARY	<input type="checkbox"/> DELETE
NAME	HEROLD CASSEUS	
STREET ADDRESS	1240 NE 159st	
CITY-ST-ZIP	MIAMI FL 33162	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	

14. I do 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: 6/28/97 (305) 247-2710  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)