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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9600082960 (1)

RESOURCE INTERNATIONAL FINANCIAL SERVICES, INC.

FILED May 13 1997 8:00am Secretary of State



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•	be of Business	Mailing Address	DOME AUGT 480			
11762 NORTH KENDALL DRIVE. BUITE 128 11762 NORTH KENDALL MIAMI FL 33186 MIAMI FL 33186-2102			L DHIVE, BUILE 128			
				3. Date Incorporated or Qualified 10/08/1996	3a. Date of Last	Report
. Principal P	Place of Business	2a. Mailing Address	······································	4. FEI Number	47 A	Applied For
<u> </u>		26		65.070045	8 1	lot Applicab
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional
L		27				Required
− City & Stat ⊓	te	City & State		6. Election Campaign Financing		May Be
Z _i p	Country	28 Z-p	Country	Trust Fund Contribution 8. This corporation has liability for it		to Fees
	25	29	30		Yes No	S. 189.032,
L	9. Name and Address of Curi		1001	10. Name and Address of New Reg		·
AM	ERILAWYER CHARTERED		81 Name	Dana I I.		
	B ALMERIA AVENUE		82 Street Ac	HORAN LUN Idress (P.O. Box Number is Not Acceptab	le)	
CO	RAL GABLES FL 33134			762 N. KANDALL DA		
			83	() . 126		
			84 City	30/4/128	85 Zir	Code
			1.1.3	MIAM		, , , , , , , , , , , , , , , , , , ,
1. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Sta	tutes, the above-named co	orporation submits this statement for the p	urpose of changing	its registere
office or i	registered agent, or both, in the Sta am familiar with, and accept the ob	ate of Florida. Such change wa digations of, Section 607.0505,	as authorized by the corpo Florida Statutes.	orporation submits this statement for the p ration's board of directors. I hereby accep	ot the appointment a	re tedistered
IGNATURE	P. May I day	-			4.30.97	
	Signature, typed or printed name of registered		VOTE: Registered Agent signature re	quired when reinstating)	DATE -	
2.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
7LF	PSTD	DELETE	1.1 TITLE		L Change	
	.				L. Onlange	L Hotali
AME	LUM, ROBERT	 -	1.2 NAME		Onenge	- L Rodin
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4. 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; the lam 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 attrichment with an address.

SIGNATURE:

RE AND TYPED OR PRINTEL MAKE OF SIGNING OFFICER OR DIRECTOR

4.30.41

Daytime Phone #