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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DIVISION OF COMMENT # P96000084877 (5)

RESOLUTION CORPORATION OF AMERICA

Principal Place of Business	Mailing Address		
1525 NW 167TH STREET SUITE 300 MIAMI FL 33169	1525 NW 167TH STREET SUITE 300 MIAMI FL 33169		
2. Principal Place of Business	2a. Mailing Address		
Suite, Apt. #, etc.	26 Suite Apt. #, etc.		

FILED Jun 18 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

						10/15/1996		
2. Principal Place of Business			2a. Mailing Address			4. FEI Number Applied For		
21		26				65 - 0722012 Not Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional		
22			27			Fee Required		
City & State			City & State			6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution		
Zip	Country	1	Zip	Cour	ntry	8. This corporation owes or has paid the current year Intangible		
24	25	29		30		Personal Property Tax due June 30. Yes X No		
	9. Name and Address of Current	Regi	stered Agent	1		10. Name and Address of New Registered Agent		
RF	NNETT, JOSH N ESQ.				81 Name Q	11 7 1 1 7 700		
	O S. BISCAYNE BLVD	ennett, Josh N. ESQ.						
SUITE 1050					82 Street Address (P.O. Box Number is Not Acceptable) Nations Bank Tower			
<u> </u>						SDANE IOWA		
MI	AMI FL 33133]	100 5	.E. Second Street, Suite 2600		
				ħ	B4 City	- 85 Zip Code		
		<u></u>			Mian	11 FL [33/3/3/		
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. Hereby accept the appointment as registered								
agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE								
	Signature, typed or printed name of regulaced agent		· · · · · · · · · · · · · · · · · ·		Agent signature requ	ired when reinstating) DATE		
12.	OFFICERS AND	DIRL		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D		🔼 DELETE	1.1 TITL	E P	☐ Change ☑ Addition		
NAME	OVERS, MICHAEL			1.2 NAM	ae P	Perlman, Jason, 1 sta 200		
STREET ADDRESS	1525 NW 167TH ST, STE 300			1.3 STR	CET ADDRESS 15.	25 NW 167th Street, Ste 300		
CfTY - \$T - ZIP	MIAMI FL 33169			1.4 CIT	Y-ST-ZIP //	Tiami, FL 33169		
TITLE			DELETE	2.1 1110		Change Addition		
NAME				2.2 NAN	" ß	omser, Todd		
STREET ADDRESS	p.				EET ADDRESS 15	25 NW 167th Street, Ste 300		
CITY-ST-ZIP					Y-ST-ZIP	Tiami, FL 33169		
TITLE			DELETE	3 1 TITL		Change Addition		
NAME			(32 NAN	17.			
					AE	urner, Paul 25 MJ 167th Street, Ste 300		
STREET ADDRESS								
CITY-ST-ZIP			The series			Niami, FL 33169		
TITLE			DELETE	4.1 71TL	E	Change Addition		
NAME				4. 2 NAI	VIE			
STREET ADDRESS				4.3 STR	EET ADORESS			
CITY-ST-ZIP				4.4 CITY	(-ST- Z IP			
TITLE			☐ DELETE	5.1 TITL	E	Change Addition		
NAME				5.2 NAN	16			
STREET ADDRESS				5.3 STR	EF1 ADDRESS			
CITY-ST-ZIP					'-ST-ZIP			
TITLE			DELETE	6.1 TITL		Change Addition		
NAME				6.2 NAM				
STREET ADDRESS					EET ADDRESS	- 06/19/9801110011), K		
					1	***150.00		
CITY-ST-ZIP	settify that the information supplied will	thie i	ilina does not qualify fo	64 CITY	'-SI-ZIP	Section 119.07(3)(i), Florida Statutes. I further certify that the information		
indicated	ordina that the information supplied with	1 6115 1	ining does not quality to	n nie exer	nphon stated in	Section (18.07(8)(1), monda statutes, i turtrier certity that the information		

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 armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 13 if changed, or on an attachment with an address.

Turner 4.79.98

RICMATURE.