

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.)

SEE pg 1 of 2
ATTACHED EXPLANATION

FILED

97 OCT -6 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

PROFIT
CORPORATION
ANNUAL REPORT
1997

DOCUMENT # P96000085867 (5)

1. Corporation Name
WALL STREET FINANCE CORPORATION

Principal Place of Business
531 N. OCEAN BOULEVARD, #2
POMPANO BEACH FL 33062

Mailing Address
531 N. OCEAN BOULEVARD, #2
POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 3. Date Incorporated or Qualified 10/14/1996 | 3a. Date of Last Report |
| 4. FEI Number | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

9. Name and Address of Current Registered Agent

PATEL, ISMAIL M
531 N. OCEAN BOULEVARD, #2
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 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 _____ (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | SECRETARY / TREASURER <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PATEL ISMAIL M | 1.2 NAME | |
| STREET ADDRESS | 531 N OCEAN BLVD, #201 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | POMPANO BEACH, FL 33062 | 1.4 CITY-ST-ZIP | |
| TITLE | CEO <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PATEL KARIM | 2.2 NAME | |
| STREET ADDRESS | 531 N OCEAN BLVD, #201 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | POMPANO BEACH, FL 33062 | 2.4 CITY-ST-ZIP | |
| TITLE | PRESIDENT <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PATEL RIAZ | 3.2 NAME | |
| STREET ADDRESS | 531 N OCEAN BLVD, #201 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | POMPANO BEACH, FL 33062 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 _____

CR2E034 (4/97)

202

October 2, 1997

Florida Dept. of State
P O Box 6327
Tallahassee, Florida 32314

Re: Wall Street Finance Corporation-Ref.No.96000085867

Please find attached a check for the filing of the annual report. Please note the following explanation:- The initial notice for the annual report was sent to the incorrect address as explained in the attached letter dated August 4, 1997. The correct address was clearly stated, however your letter dated August 14th (letter no. 197A00041256) requested information on the officer, directors. Unfortunately this letter was again mailed to the #2 and not #201 as previously pointed out. After this another attempt was made by you but sent to an incorrect address again (Letter no.197A00044149).

I have filled out the officer/director information as per your request. Please ensure correct mailing. If there is any confusion, please call me at (954) 785-6775.

Sincerely,


Ismail Patel
(954) 785-6775