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

PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

Amended

FILED
99 APR 12 AM 10:21
TALLAHASSEE, FLORIDA

DOCUMENT # P96000089651 (9)

1. Corporation Name

Faith Financial Group, Inc.

Principal Place of Business
6135 NW 167st, E-25
Miami Lakes, Fl
33015

Mailing Address
SAME

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc
27 City & State
28 Zip 29 Country 30

3. Date Incorporated or Qualified
10/31/96

4. FEI Number
65-0703686

Applied For / Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Electronic Corporate Filing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
Ameri Lawyer Chartered
343 Almeria Ave
Coral Gables, Fl 33134

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number 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: For a corporation serving as registered agent, an officer or director of the corporation must sign on behalf of the corporation.) DATE

12. OFFICERS AND DIRECTORS

TITLE P/D [ ] DELETE
NAME De La Fe, George R.
STREET ADDRESS 6135 NW 167 St, E-25
CITY-ST-ZIP Miami Lakes, Fl 33015

TITLE S [X] DELETE
NAME De La Fe, Rubidia M.
STREET ADDRESS 6135 NW 167 St, E-25
CITY-ST-ZIP Miami Lakes, Fl 33015

TITLE T [ ] DELETE
NAME De La Fe, Jorge
STREET ADDRESS 6135 NW 167 St, E-25
CITY-ST-ZIP Miami Lakes, Fl 33015

TITLE [ ] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [ ] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [ ] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V [ ] Change [X] Addition
NAME Felton, Danny
STREET ADDRESS 6135 NW 167 St, E-25
CITY-ST-ZIP Miami Lakes, Fl 33015

TITLE S [ ] Change [X] Addition
NAME Tewes, Brian
STREET ADDRESS 6135 NW 167 St, E-25
CITY-ST-ZIP Miami Lakes, Fl 33015

TITLE [ ] Change [ ] Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [ ] Change [ ] Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [ ] Change [ ] Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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*****61.25 *****61.25

B. 4/14/99 9:9AM

14. 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 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, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TITLE DATE

CR2E034 (11/98)