

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.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 SEP -3 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000092520 (1)

1. Corporation Name
TRUST FINANCIAL GROUP, INC.



Principal Place of Business
13464 NW 7TH STREET
PLANTATION FL 33325

Mailing Address
13464 NW 7TH STREET
PLANTATION FL 33325

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/06/1996	3a. Date of Last Report
4. FEI Number 65-0712250	Applied For 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 21 10274 N W 47 Street Suite, Apt. #, etc. 22 City & State 23 Sunrise, Fla. Zip 24 33351 Country 25 Broward	2a. Mailing Address 26 10274 N W 47 Street Suite, Apt. #, etc. 27 City & State 28 Sunrise, Fla. Zip 29 33351 Country 30 Broward
---	--

9. Name and Address of Current Registered Agent

PENA, ROBERT C
13464 NW 7TH STREET
PLANTATION FL 33325

10. Name and Address of New Registered Agent

81 Name Rosalba Fernandez	85 Zip Code 33351
82 Street Address (P.O. Box Number is Not Acceptable) 10274 N W 47 Street	
83 Sunrise, Fla.	
84 City Sunrise	FL

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 *Rosalba Fernandez* (NOTE: Registered Agent signature required when reinstating) DATE 8-6-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME PENA, ROBERT C STREET ADDRESS 13464 NW 7TH STREET CITY-ST-ZIP PLANTATION FL 33325	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PRESIDENT 1.2 NAME ROSALBA FERNANDEZ 1.3 STREET ADDRESS 10274 N W 47 Street 1.4 CITY-ST-ZIP Sunrise, Fla. 33351	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 000002284160--5 -09/03/97--01075--024 ***165.00 ***165.00 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

CR2E034 (4/97)

pg. 2 of 2

DEPARTMENT OF STATE

RE: ANNUAL REPORT

DEAR GENTLEMEN:

WE HAVE ONLY RECEIVED THIS NOTICE AND NEVER RECEIVED THE FIRST NOTICE.

PLEASE NOTICE THAT AFTER PHONE CALL THE AMOUNT ENCLOSED WAS MADE

BY YOUR DEPARTMENT.

SINCERELY
TRUST FINANCIAL GROUP INC.