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

CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000094152 (1)

ALL AMERICA FINANCIAL CORP.

Mailing Address Principal Place of Business 5310 NW 172 ST. 5310 NW 172 ST. MIAMI FL 33055-4062 MIAMI FL 33055 3a. Date of Last Report 3. Date Incorporated or Qualified 11/18/1996 2a, Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 65-070817 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing **\$5.00** May Be Added to Fees 23 28 Trust Fund Contribution Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes X No Florida Statutes 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RUIZ. JUAN 5310 NW 172 ST. Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33055 83 City 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** (NOT: Registered Agent's gridure required when reinstating) Signature, typed or printed name of registered agent and little if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE TITLE DΡ 11 THLE **RUIZ. JUAN** NAME STREET ADDRESS 5310 NW 172 ST. 1.3 STREET ADDRESS **MIAMI FL 33055** 1.4 CITY-ST-7JP DELETE Change Addition 2.1 TITLE TITLE DST RUIZ, HILDELIZA 2.2 NAME 5310 NW 172 ST. 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33055 2 4 C(1Y+S1-ZIP CITY-ST-ZIP Addition DELFIE Change 3.1 T(T) 8 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. C(1Y - ST - ZIP DELFTE Change ■ Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 HILL TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS

5.4 CITY - \$1 - 7IP

6.3 STREET ADDRESS 6.4 CDY - ST - ZIP

61 IIItE

6.2 NAME

FILED Apr 28 1997 8:00am Secretary of State



14. 1 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 logal offect as if made under oath; that I am an officer or director of the disposation 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 or changed, or on an attachment with an address.

Change

Addition

DELETE