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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000095328

1. Corporation Name

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90072 028 ***150.00

AVICU F	INANCE GROUP CORP.								: 1
Principal Place	o of Business	Mailing Address				i indiindi iso ibsin osiis baiki obiii i	idili dalia idi	DI DIIGO (ILIB I	#W 48% 1881
		P O BOX 162508							
12966 SW 133 CT. #C P O BOX 162508 MIAMI FL 33186 P O BOX 162508 MIAMI FL 33116						DO NOT WRITE	INI THIS S	DACE	
	•					3. Date Incorporated or Qualifed	114 11110 01	- AGE	
						11/21/1996			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Apr	lied For
21 901	O SW 137HV	E 26				65-0708614			Applicable
Suite, Apt. #, etc.						5. Certifcate of Status Desired		\$8.75 A	
City & Stat	ule 107	27 City & State		_		6. Election Campaign Financing		\$5.00	_
23 116	ami 7/a.	28				Trust Fund Contribution		Added to	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current			
24 33/			30			Personal Property Tax.			□No
	9. Name and Address of Curren	t Registered Agent		04		10. Name and Address of New Rec	istered Aç	gent	
TOR	RES-ZAMBRANA, VICKY			81 Name)				
12966 SW 133 CT. #C				82 Stree	t Addres	ss (P.O. Box Number is Not Acceptable	3)		
	MI FL 33186		}	83					
								Ta-1	
	•			84 City			FL	85 Zip C	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the at	ove-name	d corpor	ation submits this statement for the pu 's board of directors. I hereby accept to	rpose of ch	nanging its i	egistered istered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flori	da Statu	ites.		, ,	• •		
SIGNATURE		4.0	n			de constitue à	DATE		
12.	Signature, typed or printed name of registered age	NOTE:	13.	Agent signature	requireo w	when reinstating) ADDITIONS/CHANGES TO OFFICE		DIRECTO	RS IN 12
TITLE	PT	☐ DELETE	1.1 TIT	Œ				Change	☐ Addition
NAME	TORRES-ZAMBRANA, VICKY		1.2 NA	ME		•	1		
STREET ADDRESS	12966 SW 133 CT. #C		1.3 ST	REET ADDRESS	s 9	9010 SW 13	7/1	ve ·	
CITY-ST-ZIP	MIAMI FL 33186		1.4 CIT	ry-St-ZIP	S	uite 107 Mia	my :	ta.	33180
TITLE	VPS	☐ DELETE	2.1 TIT	le				☐ Change	☐ Addition
NAME	ZAMBRANA, TITO		2.2 NA	ME		•		•	}
STREET ADDRESS	12966 S.W 133 COURT #C				I _		م ۵		
CITY-ST-ZIP -	MIAMI FL 33186		2.3 ST	REET ADDRESS	9	010 SW 137,1	400		
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NAME	1	- DELETE	2. 4 Cf	TY-ST-ZIP LE	9 5	0105W 1371	aku	<i>7/q.</i> □ Change	33186 - Addition
STREET ADDRESS		· 🗔 DELETE	2.4 Cf 3.1 TIT 3.2 NA	TY-ST-ZIP LE ME	<u>.s</u>	0105W 1371	aku	719.	3318¢ Addition
	•	- 🗆 DELETE	2.4 Cf 3.1 TIT 3.2 NA 3.3 ST	TY-ST-ZIP LE ME REET ADDRES	<u>.s</u>	0105W 1371	aku	719.	33186 - Addition
CITY-ST-ZIP	•		2. 4 Cf 3.1 TIT 3.2 NA 3.3 ST 3.4. Cf	TY-ST-ZIP LE ME REET ADDRES! TY-ST-ZIP	<u>.s</u>	0105W 1371	anu	T19 ⋅	33186
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14. I hereby certify that the information supplied with this filing does not qualify for the semption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental aprillal 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 orporation of the receiver or trustee empowered by 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 alternment with an address with all their like empowered.

SIGNATURE:

ICER OR DIRECTOR

305-383-888