

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

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Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90072 028 ***150.00

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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
AVICO FINANCE GROUP CORP.



Principal Place of Business
 12966 SW 133 CT. #C
 MIAMI FL 33186 *change*

Mailing Address
 P O BOX 162508
 MIAMI FL 33116

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/21/1996

4. FEI Number
65-0708614 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

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

2. Principal Place of Business
 21 **9010 SW 137 Ave**
 Suite, Apt. #, etc.
 22 **Suite 107**
 City & State
 23 **Miami Fla.**
 Zip Country
 24 **33186** 25 Country

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

9. Name and Address of Current Registered Agent
TORRES-ZAMBRANA, VICKY
 12966 SW 133 CT. #C
 MIAMI FL 33186

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES-ZAMBRANA, VICKY	1.2 NAME	
STREET ADDRESS	12966 SW 133 CT. #C	1.3 STREET ADDRESS	9010 SW 137 Ave.
CITY-ST-ZIP	MIAMI FL 33186	1.4 CITY-ST-ZIP	Suite 107 Miami Fla 33186
TITLE	VPS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAMBRANA, TITO	2.2 NAME	
STREET ADDRESS	12966 S.W 133 COURT #C	2.3 STREET ADDRESS	9010 SW 137 Ave.
CITY-ST-ZIP	MIAMI FL 33186	2.4 CITY-ST-ZIP	Suite 107 Miami Fla. 33186
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		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		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		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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 of 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]* DATE: **4/6/99** DAYTIME PHONE #: **305-383-8884**

CR2E034 (1/1/98)