

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

FILED

Mar 09 1998 8:00am
Secretary of State

• PROFIT • CORPORATION • ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000009800 (8)**

1. Corporation Name

SOUTHEAST FINANCIAL CORPORATION

Principal Place of Business

**7273 LOCH NESS DR
MIAMI LAKES FL 33014**

Mailing Address

**7273 LOCH NESS DR
MIAMI LAKES FL 33014**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1997

4. FEI Number

65-0724922

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 or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 **6713 Main Street**
Suite, Apt. #, etc.
22 **Suite 240**
City & State
23 **MIAMI LAKES, FL**
Zip Country
24 **33014** 25 **DADE**

2a. Mailing Address
26 **6713 Main Street**
Suite, Apt. #, etc.
27 **Suite 240**
City & State
28 **MIAMI LAKES, FL**
Zip Country
29 **33014** 30 **DADE**

9. Name and Address of Current Registered Agent

**DIAZ, REYNALDO
7273 LOCH NESS DR
MIAMI LAKES FL 33014**

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

REYNALDO DIAZ

2/19/98

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	REYNALDO DIAZ	
STREET ADDRESS	7273 LOCHNESS DR.	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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.

SIGNATURE: **REYNALDO DIAZ** **2/19/98** **5571800**

CR2E034 (10/97)