

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

FILED

Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000009928 (7)

1. Corporation Name

ALL PROFESSIONAL LENDING CORP.



Principal Place of Business 6721 STONEHAVEN ROAD- MIAMI LAKES FL 33014	Mailing Address 6721 STONEHAVEN ROAD- MIAMI LAKES FL 33014
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9300 NW 58th St Suite, Apt. #, etc. 22 211 City & State 23 MIAMI FL Zip 24 33178		2a. Mailing Address 26 9300 NW 58th St Suite, Apt. #, etc. 27 211 City & State 28 MIAMI FL Zip 29 33178		3. Date Incorporated or Qualified 01/31/1997	
25 USA		30 USA		4. FEI Number 65-0722231	
				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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent RODRIGUEZ, RANDOLPH 6721 STONEHAVEN ROAD MIAMI LAKES FL 33014		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 15124 SW 110 TERR 83 84 City MIAMI FL 85 Zip Code 33196	
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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  Randolph Rodriguez VICE PRESIDENT 3-11-98
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME AVENDANO, IVONNE STREET ADDRESS 6721 STONEHAVEN ROAD CITY-ST-ZIP MIAMI LAKES FL 33014	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 6755 NW 169th St B MIAMI FL 33015	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME RODRIGUEZ, RANDOLPH STREET ADDRESS 6721 STONEHAVEN ROAD CITY-ST-ZIP MIAMI LAKES FL 33014	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 15124 SW 110 TERR MIAMI FL 33196	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD NAME MOURA, ELBA STREET ADDRESS 6721 STONEHAVEN ROAD CITY-ST-ZIP MIAMI LAKES FL 33014	<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 VD NAME EVELYN RODRIGUEZ-MOURA STREET ADDRESS 15124 SW 110 TERR CITY-ST-ZIP MIAMI FL 33196	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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 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: Ivonne Avendano

03-11-98

305-436-0099

CR2E034 (10/97)