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

PROFIT CORPORATION ANNUAL REPORT 1998

2. Principal Place of Business

Suite, Apt. #, etc.

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FLORIDA DEPARTMENT OF STATE

Sandra B. Morthary

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000037213 (0)

THE FINANCIAL COACH, INC.

Principal Place of Business	Mailing Address
13250 S.W. 88TH TERRACE	13250 S.W. 88TH TERRACE
SUITE 302	SUITE 302
MIAMI FL 33186	MIAMI FL 33186

2a. Mailing Address

afachment with an address.

Suite, Apt. #, etc.

FILED Jun 02 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

City & State 2			28 City &	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip		Country	Zip		Country			8. This corporation owes or has paid the current year Intergible			
24		25	29		30		Personal Property Tax due June 30. 🔲 Yes 🙎 No				
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
PARRA, ANDRES 13250 S,W. 88TH TERRACE SUITE 302 MIAMI FL 33186					Įŧ	B1	Name				
					1	32					
					Ļ						
					16	33					
•					18	34	City	85 Zip Code			
								FL El Produc			
office or	registered ac	sions of Sections 607. gent, or both, in the S ith, and accept the ol	tate of Florida, Such	n change was a	uthorized	bν	the corpora	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered			
SIGNATURE		·									
12.		d or printed harve of registere OF LICEBS	AND DIDECTOR		Registered at 13.	Ager	N egnature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	The same	PRES PAF	AND DIN CTORD	DELETE	1.1 1(11)	F		Change Addition			
NAME	ALS	DOS DAF	2RA . 17	End.	1.2 NAM		1				
STREET ADDRESS	132	50 5W 0	BTRAZEZ	- v y ,			ADDRESS				
CITY - ST - ZiP	180	MO FL. PANA BO	33186.		1.4 CITY						
TITLE	300	MITORI		DELETE	2.1 TITL		- 211"	☐ Change ☐ Addition			
NAME	ADK	PANA BO	N8TEZ	at 150.4	2.2 NAM						
STREET ADDRESS	139	50 5 w. 6	36 Temes	7 34			ADDRESS				
CITY-ST-ZIP	1190	Mir Fl.	33186		2.4 CiT						
TITLE	1			DELETE	3.1 7171		(-2)	Change Addition			
NAME					3.2 NAN	AE.	Ì	- · -			
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP					3.4. CIT		i	·			
TITLE				DELETE	4.1 7176			Change Addition			
NAME					4. 2 NA	ME					
STREET ADDRESS	}				4.3 S1R	ξ€T A	ADDRESS				
CITY-ST-ZIP					4.4 CITY	/- ST	-ZIP				
TITLE				DELETE	5.1 TITL			Change Addition			
NAME					5.2 NAM	AE.	1				
STREET ADDRESS					5.3 STRI	EET #	ADDRESS				
CITY - ST - ZIP	}				5.4 City						
TITLE				DELETE	6.1 TITL	_		☐ Change ☐ Addition			
NAME					6.2 NAM	4E	ľ				
STREET ADDRESS					6.3 STRI	EET A	ADDRESS				
CITY-ST-ZIP					6.4 CITY						
14. I hereby	certify that th	no information supplie	d with this filing doc	is not qualify fo	r the exen	npti	ion stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the information			
								ure shall have the same legal effect as if made under oath; that I am an quired by Chapter 607, Florida Statutes; and that my name appears in			