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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000046740 (1)

FINANCIAL ANALYSIS INC.

FILED Apr 03 1998 8:00am Secretary of State

		· · ·			
Principal Place of Business Mailing Address				C.EADSIDAY STATES CORES DESIGNABLES DAVIS DATE	I DIDIO CIILA FOCIL OLDEL BOSE LODI
7547 SW 11	2 PL.	7547 SW 112 PL.			
MIAMI FL 33	3173	MIAMI FL 33173		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	IIS SPACE
į				05/19/1997	
2. Principal f	Place of Business	2a. Mailing Address		4. EEI Number	Applied For
21		26		65-0759829	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·		\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required
	City & State City & State			6. Election Campaign Financing	\$5.00 May Be
23		28	<u>.</u>	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25 9. Name and Address of Cur		30	Personal Property Tax due June 30.	Yes No
		eur vedisteren våeur	81 Name	10. Name and Address of New Register	ed Agent
	ERNANDEZ, OSCAR A		110		
7547 SW 112 PL. MIAMI FL 33173			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
MIL	MMI FL 331/3		83		
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508. Florida Statute	s, the above-named cor	rooration submits this statement for the purpose	e of changing its registered
office or r	registered agent, or both, in the St	ate of Florida. Such change was a	uthorized by the corpora	ation's board of directors. I hereby accept the	appointment as registered
!	in rankial with, and accept the ob	ilgations of, Section 607.0303, Floi	ida Sidiules.		
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (NOTE	Registered Agent signature requ	uired whon reinstating) DAT	
12.	OFFICERS /	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITL€		Change Addition
NAME	HERNANDEZ, MARIA C		1.2 NAME		
STREET ADDRESS	7547 SW 112 PL		1.3 STREET ADDRESS		1
CITY - ST - ZIP	MIAMI FL 33173		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HERNANDEZ, OSCAR A		2.2 NAME		
STREET ADDRESS	7547 SW 112 PL		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33173	Dotter	2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME OTREET ADDRESS			3.2 NAME		ļ
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY-S1-ZIP		Channa Later
NAME		☐ pricit	4.1 TITLE		☐ Change ☐ Addition
			4.2 NAME		ĺ
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE	-	DELETE	4.4 C(TY-ST-Z(P) 5.1 T(TLE		Change Addition
NAME		□ oregit			☐ Change ☐ Addition
STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS		
TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME		Decent	6.2 NAME		CT Change CT Worling
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
-111 V1 E11			= 0.5 MH 1 * A1 * / IF		,

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 O SOA A. //SOA AA ALT

3/20/2012 10-7231