


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

FILED  
May 11 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P97000050103 1. Corporation Name  MOSS FINANCIAL, INC.					
Principal Place of Business  6065 N.W. 167th ST., B-8 MIAMI, FLORIDA 33015			Mailing Address  DO NOT WRITE IN THIS SPACE		
2. Principal Place of Business 21 6073 N.W. 167th ST. Suite, Apt. #, etc. 22 C-5 City & State 23 MIAMI, FLORIDA Zip 24 33015		2a. Mailing Address 25 SAME Suite, Apt. #, etc. 27 City & State 28 Zip 29 USA		3. Date Incorporated or Qualified 6/6/97 4. FEI Number 65-0758758 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent LEGAL INFORMATION SERVICES INC 1290 Weston Road., #300 FT LAUDERDALE FL 33328			10. Name and Address of New Registered Agent 81 82 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 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE					
12. OFFICERS AND DIRECTORS TITLE NAME P,VP,S,D STREET ADDRESS Sylvia Montelango CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.1 TITLE STD 1.2 NAME MONTELONGO, SYLVIA 1.3 STREET ADDRESS NO. 9 INDIAN CREEK ISLAND 1.4 CITY-ST-ZIP MIAMI BEACH, FL 33154 2.1 TITLE PD 2.2 NAME MOSS, DAVID M. 2.3 STREET ADDRESS NO. 9 INDIAN CREEK ISLAND 2.4 CITY-ST-ZIP MIAMI BEACH, FL 33154 3.1 TITLE VP 3.2 NAME CONNORS, ROBERT M. 3.3 STREET ADDRESS 4700 PIERCE STREET 3.4 CITY-ST-ZIP HOLLYWOOD, FL 33021 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 400002523594 5.4 CITY-ST-ZIP -05/14/98--01060--013 6.1 TITLE ***150.00 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		



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.

*Robert M. Connors*

ROBERT M. CONNORS

4/24/98

305-825-4500

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