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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700089640

1. Corporation Name

CONVERGENCE FUNDING PARTNERS CORP.

Principal Place	e of Business	Maiti	ng Address					Elloog din dassi sabit nodis badit			11011 BE11 1801	
6619 SOUTH DIXIE HIGHWAY		6619	6619 SOUTH DIXIE HIGHWAY				ļ					
#255			#255					DO NOT WRITE IN THIS SPACE				
MIAMI FL 33143		,	MIAMI FL 33143				3 0-4-1-	DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed				
US		US										
		120.4	4-10- A del-one				10/17 4. FEI Nur				plied For	
-	lace of Business	—	Mailing Address				65-08				t Applicable	
21	A CONTRACTOR OF THE PARTY OF TH	26	iuite, Apt. #, etc.							\$8.75 A		
Suite, Apt. #, etc.		<u> </u>	27				5. Certifcate of Status Desired			Fee Re		
22 City & State			City & State				6 Election	Campaign Financing		\$5.00	May Be	
23			28				and Contribution		Added to			
Zip	Country	$\overline{}$	ip	Count	try		8. This cor	poration owes the curren	t year Inta	angible		
24	25	29		30				l Property Tax.	-		□No	
	9. Name and Address of C		red Agent				10. Name a	and Address of New Re	gistered A	Agent		
				[8	31	Name						
	LAPIANO, DOMINICK C			-	32	Street A	Address (P.O. Box	Number is Not Acceptabl	e)			
6619 SOUTH DIXIE HIGHWAY						Q., C., T.	Address (1.0. Box Humber is Not Address)					
#255												
MIAN	VII FL 33143			-	34	City				85 Zip C	Code	
				<u> </u>		•			FL			
office or re	to the provisions of Sections 60 egistered agent, or both, in the sm familiar with, and accept the company of t	State of Florida.	Such change was a	iutnorizea i	by tr	he corpoi	ration's board of di	rectors. I hereby accept t	he appoir	ntment as rec	jistered	
SIGNATURE	Classic and a related name of register	nd nant and title if a	nniicable (NOTE	· Registered A	nent s	signature rei	outred when reinstating)		DATE]	
	Signature, typed or printed name of register OFFICER			Registered A	gent s	signature red	quired when reinstating)	NS/CHANGES TO OFFI		D DIRECTO	RS IN 12	
12.	OFFICER	ed agent and title if a				signature rec	ADDITIO	-	CERS AN	D DIRECTO	RS IN 12	
	OFFICER	S AND DIREC	TORS _	13.	E		President	C Parla Crass	CERS AN			
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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 of 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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP