

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

FILED
Feb 05 1998 8:00am
Secretary of State

DOCUMENT # P97000100500 (2)

1. Corporation Name

CONSUMERS FINANCIAL GROUP, INC.



Principal Place of Business

C/O ULLMAN & ULLMAN, P.A.
515 E LAS OLAS BLVD. SUITE 1350
FT LAUDERDALE FL 33301

Mailing Address

C/O ULLMAN & ULLMAN, P.A.
515 E LAS OLAS BLVD. SUITE 1350
FT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 114 North Ocean Blvd.
Suite, Apt. #, etc.

22

City & State

23 Pompano Beach, FL

Zip

24 33062

Country

25 Broward

2a. Mailing Address

26 114 North Ocean Blvd.
Suite, Apt. #, etc.

27

City & State

28 Pompano Beach, FL

Zip

29 33062

Country

30 Broward

3. Date Incorporated or Qualified

11/24/1997

4. FEI Number

06-150-0595

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MOJICA, LUIS
C/O ULLMAN & ULLMAN, P.A.
515 E LAS OLAS BLVD. SUITE 1350
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name

Mojica, Luis A.

82 Street Address (P.O. Box Number is Not Acceptable)

114 North Ocean Blvd.

83

84 City

Pompano Beach,

FL

85 Zip Code

33062

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

Luis A. Mojica

01/ /98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME MOJICA, LUIS
STREET ADDRESS 515 E LAS OLAS BLVD, SUITE 1350
CITY-ST-ZIP FT LAUDERDALE FL 33301

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P/S ☒ Change ☒ Addition
1.2 NAME MOJICA, LUIS A.
1.3 STREET ADDRESS 114 North Ocean Blvd.
1.4 CITY-ST-ZIP Pompano Beach, FL 33062

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

Luis A. Mojica

Luis Mojica

01/ /98 (954) 782-3759

CR2E034 (10/97)