Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90054 030 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800007741

1. Corporation Name

FLORIDA	LENDERS ASSOCIATES, IN	IC.									
Principal Place	of Business	Mailing Address				{	118 JOINT 18311 BOILK I	MIGH ENITH MATH	46 114 1 00 11 10 3 11	01001 1101 1001	
355 S.W. 133RD MIAMI FL 33184	COURT	355 S.W. 133RD COURT MIAMI FL 33184-1137				DO NOT WRITE IN THIS SPACE					
					Ì	3. Date Incorpo					٦
					1	01/26/199		•			- {
9 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	<u> </u>		T A	plied For	┪
21	ace of Educations	26				65-08	81044	-1	 	t Applicable	,
Suite, Apt.	# etc	Suite, Apt. #, etc.								Additional	7
22	77, 000,	27			-\	5. Certificate of	Status Desired		•	equired	. \
City & State)	City & State				6. Election Cam	paign Financing	1	\$5.00	May Be	Ī
23		28				Trust Fund Contribution Added to Fees					
Zip	Country	Zip Country				8. This corporation owes the current year Intangible					
24	25 29 36					Personal Pro	perty Tax.	· ·	Yes	` ∑ ≉&	
9. Name and Address of Current Registered Agent			10. Name and Address of New Reg					Registered	d Agent	/	
			81	Name							
RODI	riguez, eduardo		82	Stroot	Addres	e /D O Boy Num	her is Not Accer	itable)			┥
	S.W. 133RD COURT		Street	at Address (P.O. Box Number is Not Acceptable)							
MIAN	II FL 33184-1137		83								٦
• •	,	,	-			_			05 7in		4
		•	84	City				.FI	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	<u> </u>		nt signature r	required w	hen reinstating)		DATE			4
12.	OFFICERS AND		13.		00		HANGES TO O	FFICERS A	Change	ORS IN 12_ ☐ Additio	\exists
TITLE	PD	_	1.1 TITLE		73	TD Seignez	三 ちゃかね	2.4	Schange		"
NAME	RODRIGUEZ, EDUARDO		1.2 NAME		100	26,0005	1375V	CPDS.	Υ.		1
STREET ADDRESS	355 S.W. 133RD COURT	1	1.3 STREE	TADDRESS			1221-0	184-	1127		ł
CITY-ST-ZIP	***************************************		1.4 CITY-S	T-ZIP	PU	Ani, t	C. 72	184-		- A 3 200 c	\dashv
TITLE	PSD DELETE 2.1		2.1 TITLE		1				☐ Change	☐ Additio	n
NAME	CALA, RAMON		2.2 NAME								
STREET ADDRESS	• • • • • • • • • • • • • • • • • • • •		2.3 STREE	T ADDRESS							
C/TY-ST-ZIP	***************************************		2. 4 CITY-5	ST-ZIP	ļ					~ .	_
TITLE		☐ DELETE —	3.1 TITLE			,			☐ Change	Additio	'n
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STREET ADDRESS		.	3.3 STREE	T ADDRESS							
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP							_
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NAME			4. 2 NAME			•					
STREET ADDRESS] .	4.3 STREE	TADDRESS							
CITY-ST-ZIP			4.4 CITY-S	T-ZIP							
TITLE		☐ DELETE	5.1 TITLE					_	Change	Addition Addition	m
NAME			5.2 NAME								
STREET ADDRESS		,	5.3 STREE	T ADDRESS							- }
CITY-ST-ZIP		·	5.4 CITY-S	T-ZIP							
TITLE		☐ DELETE	6.1 TITLE						☐ Change	☐ Additio	חנ

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 charged, or on an attachment with appractices, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS