**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000060417

1. Corporation Name

FINANCE COMPANY OF AMERICA HOLDINGS, INC.

Principal Place	e of Business	Mailing Address				irai Abiri Bhiri Abiri Abira A	illi Buill Bibai	
7 <del>00 NW LE JEUNE ROAD - 780 NW LE JEUNE RO</del> AD								
# <del>318</del> # <del>318</del>					DO NOT WRITE IN THIS SPACE			
M <del>IAMI FL 33126</del>						3. Date Incorporated or Qualifed		
					07/08/1998			
2. Principal Pl	lace of Business	2a, Mailing Address			4 EEI Number		Ap	olied For
21 1706	4 W. DIXIE HOLY	26			65-0854	707	No	Applicable '
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75 A	dditional
22		27			5. Certifcate of Status Desir	ed 🗆	Fee Re	quired
City & State	e	City & State			6. Election Campaign Finan	cing	\$5.00	May Be
23 NO. A	1/AMI GEARFI	28			Trust Fund Contribution		Added t	Fees
Zip	Country	Zip	Count	try	8. This corporation owes the			
24 53	160 25 DADJ	29	30		Personal Property Tax.			□No
	9. Name and Address of Curren	t Registered Agent		3.1 Name	10. Name and Address of N	ew Registered A	gent	
_PLIM	AD DUNDOO D		,	Name				
<del>«KUMAR, DUNDOO</del> P 7 <del>80 NW LE JEUNE RO</del> AD			1	32 Street	Address (P.O. Box Number is Not Ad	ess (P.O. Box Number is Not Acceptable)		
#318 -		-	83					
	, <del>Al FL 33126-</del>			"				
1111/311			1	34 City		FI	85 Zip C	Code
44 Dimensional	to the provisions of Sections 607.0502	2 and 607 1509 Florida Sta	stutes the abo	y/a-named	compration submits this statement for		hanging its	registered
l office or n	egistered agent, or both, in the State (	of Florida. Such change wa	s authorized t	by the corp	poration's board of directors. I hereby	accept the appoint	tment as req	istered
l	m familiar with, and accept the obligat	tions of, Section 607.0505,	Florida Statut	es.				
SIGNATURE)	Signature, typed or printed name of registered agen	at and title applicable (Ni	OTE: Registered A	gent signature	required when reinstating)	DATE		
12.		DERECTORS	13.		ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTO	RS IN 12
TITLE	<del>-PSTD</del>	DELETE	1,1 TITL	PD	THEO GIBBINGS		☐ Change	Addition
NAME	121 14 D DIMIDAA D							
1	<del>kumar, dund</del> oo p		1.2 NAM	E	17064 W. DIXIE 1	Hwy		
STREET ADDRESS	7 <del>80 NW LE JEUN</del> E ROAD			EET ADDRESS	17064 W. DIXIE	4wy EL 3316	Ö	
STREET ADDRESS CITY-ST-ZIP			1.3 STR		THEO GIBBINGS 17064 W. DIKE I NO. MIAMI BOACH,	4wy EL 3316		
	780 NW LE JEUNE ROAD	☐ DELETE	1.3 STR	EET ADDRESS '-ST-ZIP	17064 W. DIKIE I NO. MIAMI BOACH,	Ywy EL 3≥16 	Change	Addition
CITY-ST-ZIP	780 NW LE JEUNE ROAD	☐ DELETE	1.3 STR	EET ADDRESS '-ST-ZIP E	17064 W. DIKIE I NO. MIAMI BOACH,	Ywy EL 3316		
CITY-ST-ZIP	780 NW LE JEUNE ROAD	☐ DELETE	1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM	EET ADDRESS '-ST-ZIP E		HWY FL 3316		
CITY-ST-ZIP TITLE NAME	780 NW LE JEUNE ROAD		1.3 STR: 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT	EET ADDRESS '-ST-ZIP E E EET ADDRESS Y-ST-ZIP		Hwy EL 3216	Change	☐ Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	780 NW LE JEUNE ROAD		1.3 STR 1.4 CITY 2.1 TITL 22 NAV 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAV	EET ADDRESS 7-ST-ZIP E EET ADDRESS Y-ST-ZIP E		4wy EL 3316	Change	☐ Addition
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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 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, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

May 06, 1999 8:00 am Secretary of State

05-06-1999 90076 032 \*\*\*150.00