

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

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90078 025 ***150.00

DOCUMENT # P98000062890

1. Corporation Name

PAR-CON FINANCIAL CORPORATION

Principal Place of Business

C/O ROZENCWAIG & GRANOFF
ONE SE 3RD AVE. SUITE 960
MIAMI FL 33131

Mailing Address

C/O ROZENCWAIG & GRANOFF
ONE SE 3RD AVE. SUITE 960
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/16/1998

4. FEI Number

65-0857470

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 the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 80 S.W. 8th St.

Suite, Apt. #, etc.

22 STE. 2190

City & State

23 MIAMI, FLA

Zip

24 33130

Country

25 USA

2a. Mailing Address

26 80 S.W. 8th St.

Suite, Apt. #, etc.

27 STE. 2190

City & State

28 MIAMI, FLA

Zip

29 33130

Country

30 USA

9. Name and Address of Current Registered Agent

ROZENCWAIG, LESLIE A
C/O ROZENCWAIG & GRANOFF
ONE SE 3RD AVE, SUITE 960
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

LESLIE ALAN ROZENCWAIG, ESQ.

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME GOMEZ, LUIS
STREET ADDRESS ONE SE 3RD AVE, SUITE 960
CITY-ST-ZIP MIAMI FL 33131

TITLE PS ☐ DELETE

NAME GOMEZ, JUAN C
STREET ADDRESS ONE SE 3RD AVE, SUITE 960
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 80 S.W. 8th St. STE. 2190
1.4 CITY-ST-ZIP MIAMI, FL 33130

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME JUAN CARLOS GOMEZ
2.3 STREET ADDRESS 80 SW. 8th St. STE. 2190
2.4 CITY-ST-ZIP MIAMI, FL 33130

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LUIS GOMEZ 3-15-99

305-358-5757

CR2F034 (11/98)