

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 23, 1999 8:00 am
Secretary of State

04-23-1999 90118 013 ***150.00

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DOCUMENT # P98000064918

1. Corporation Name

DURSTINE FINANCIAL SERVICES, INC.



Principal Place of Business

800 DOUGLAS RD. STE 160. BLDG. B
CORAL GABLES FL 33134

Mailing Address

800 DOUGLAS RD. STE 160. BLDG. B
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/23/1998

4. FEI Number

☒ 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

21 130 SW 8 ST.

Suite, Apt. #, etc.

22 200

City & State

23 MIAMI, FL

Zip

24 33130

Country

25 MIAMI-DADE

2a. Mailing Address

26 P.O. Box 010248

Suite, Apt. #, etc.

27

City & State

28 MIAMI, FL

Zip

29 33101

Country

30 MIAMI-DADE

9. Name and Address of Current Registered Agent

FERNANDEZ, JORGE A
800 DOUGLAS RD. STE 160, BLDG. B
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

ALLEN J. THOMPSON

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

130 SW 8 ST, STE 200

83

84 City

MIAMI

FL

85 Zip Code

33130

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME FERNANDEZ, JORGE A
STREET ADDRESS 800 DOUGLAS RD, STE 160, BLDG. B
CITY-ST-ZIP CORAL GABLES FL 33134

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT-TREAS ☐ Change ☒ Addition
1.2 NAME ALLEN J. THOMPSON
1.3 STREET ADDRESS 130 SW 8 ST, STE 200
1.4 CITY-ST-ZIP MIAMI, FL 33130

2.1 TITLE VP- SECY. ☐ Change ☒ Addition
2.2 NAME JOSEFINA M. THOMPSON
2.3 STREET ADDRESS 130 SW 8 ST, STE 200
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

ALLEN J. THOMPSON

21 APR 99

Daytime Phone #

(305) 854-4066

CR2F034 (11/98)