04131999-90028-002-$150.00-$150.00

FILED
Apr 13, 1999 8:00 am
Secretary of State
04-13-1999 90028 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000070764**

1. Corporation Name
LNS LENDING UNLIMITED, INC.

Principal Place of Business	Mailing Address
~~3510 ROCKERMAN ROAD~~ ~~COCONUT GROVE FL 33133~~	~~3510 ROCKERMAN ROAD~~ ~~COCONUT GROVE FL 33133~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/13/1998

2. Principal Place of Business	2a. Mailing Address
21 2299 Douglas Rd. #302	26 2299 Douglas Rd.
Suite, Apt. #, etc. 22 302	Suite, Apt. #, etc. 27 302
City & State 23 Coral Gables, FL	City & State 28 Coral Gables, FL
Zip 24 33145 Country 25 Dade	Zip 29 33145 Country 30 Dade

4. FEI Number: 65-0858740 ☐ 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

9. Name and Address of Current Registered Agent

~~CARABALLO, LUIS JR.~~
~~1691 NETHIA DRIVE~~
~~COCONUT GROVE FL 33133~~

10. Name and Address of New Registered Agent

81 Name: CANAS, FRANKLIN
82 Street Address (P.O. Box Number is Not Acceptable): 2299 Douglas Road
83 Suite # 302
84 City: Coral Gables FL 85 Zip Code: 33145

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] FRANKLIN CANAS 4-2-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	President	☐ Change ☒ Addition
NAME	CARABALLO, LUIS JR.		1.2 NAME	CANAS, FRANKLIN	
STREET ADDRESS	1691 NETHIA DRIVE		1.3 STREET ADDRESS	4230 W. 16 CT	
CITY-ST-ZIP	COCONUT GROVE FL 33133		1.4 CITY-ST-ZIP	Hialeah, FL 33012	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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] FRANKLIN CANAS 4-2-99 441-7170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #