

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

FILED
May 17, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P980000918952

ACQUISITION FINANCE CORP

Principal Place of Business Mailing Address
3900 nw 79 AVENUE SUITE 326 MIAMI, FL 33166
3900 NW 79 AVENUE SUITE 326 MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/28/98

2. Principal Place of Business 2a. Mailing Address 4. FEI Number
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. X Applied For
22 City & State 27 City & State Not Applicable
23 Zip Country 28 Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
24 25 29 30 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
MICHELLE RAMIREZ
3900 NW 79 AVENUE
SUITE 326
MIAMI, FL 33166

10. Name and Address of New Registered Agent
81 Name
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 MICHELLE RAMIREZ DATE 4/28/99

12. OFFICERS AND DIRECTORS
TITLE D
NAME MICHELLE RAMIREZ
STREET ADDRESS 3900 NW 79 AVENUE, SUITE 326
CITY-ST-ZIP MIAMI, FL 33166
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
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 MICHELLE RAMIREZ DATE 4/28/99 (305) 591-9448

CR2E034 (1/198)