

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Norman Secretary of State DIVISION OF CORPORATIONS
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**APPROVED
AND
FILED**

95 MAY -1 AM 8:16

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S17873 (8)

1. Corporation Name
FLORIDA BANKERS FINANCE CORPORATION

Principal Place of Business 2640 SW 12TH ST. MIAMI FL 33135 US	Mailing Address PO BOX 341660 CORAL GABLES FL 33114 US
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2. Principal Place of Business 21. State Apt # etc 22. City & State 23. City & State 24. Zip 25. Country	2a. Mailing Address 26. State Apt # etc 27. City & State 28. City & State 29. Zip 30. Country
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/12/1990	3a. Date of Last Report 04/28/1994
4. FEI Number 65-0293142	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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

**AGUDO, PEDRO
2640 SW 12TH ST.
MIAMI FL 33135**

10. Name and Address of New Registered Agent

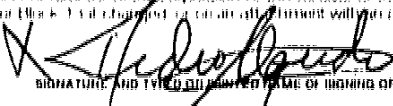
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL
85. Zip Code	

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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
101. NAME D AGUDO, PEDRO 2640 SW 12TH ST. MIAMI FL		101. NAME	☐ Change ☐ Addition
102. NAME V RAVELO-AGUDO, LINA 2640 SW 12TH ST. MIAMI FL		102. NAME	☐ Change ☐ Addition
103. NAME		103. NAME	☐ Change ☐ Addition
104. NAME		104. NAME	☐ Change ☐ Addition
105. NAME		105. NAME	☐ Change ☐ Addition
106. NAME		106. NAME	☐ Change ☐ Addition
107. NAME		107. NAME	☐ Change ☐ Addition
108. NAME		108. NAME	☐ Change ☐ Addition
109. NAME		109. NAME	☐ Change ☐ Addition
110. NAME		110. NAME	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 199.03(2)(b), 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 person or persons empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 as changed or as an addition with an address.

SIGNATURE:  **4-26595 (305) 649-3900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR