"SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DIE ON OR DEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)



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| COR ANNU | PORATICIAL REPO | | | ORIDA DEPARI Sandra B. Secretary DIVISION OF C | Mortha y of State | m | | ı | 17 JUL 23 PH 1:24 | | | ソ | |
|--|------------------------|---|---------------------------|---|--------------------------------|------|----------------------|---|---|---------------------|--------------------|-----------------------|------------------------|
| POCUN I. corporation NATION | | # S31456 DICAL FINANCE | GROUP, | INC. | | | | | SECNETARY OF STATE TALLAHASSEE, FLORIDA | ` | | | |
| Principal Place 799 BRI SUITE 6 MIAMI, | CKELL F 03 | | P.O. CORA | Mailing Address P.O. BOX 347135 CORAL GABLES, FL 33234-7135 | | | | 3. | DO NOT WRITE Date Incorporated or Qualified 2/12/1991 | 3a. Da | SPACE ate of L | ast Rep | ort |
| 2. Principal Place of Business 1 Suite, Apt. #, etc. | | | 26 Suite, | 2a. Malling Address 26 Suite, Apt. #, etc. | | | ↓_ | FEI Number 65-0269037 Certificate of Status Desired | | \$8. | Appl | | |
| City & State |) | | City & 28 | City & State | | | | 6. | Election Campaign Financing Trust Fund Contribution | | \$5 | .00 M | ay Be |
| Zip 4 | | Country 15 Ind Address of Current | Zip 29 Registered A | | 30 Count | | | | This corporation owes or has pai Personal Properly Tax due June Name and Address of New Reg | 30. [| Yes | ar Intan | - |
| 200 | | ANUEL M.' DIXIE HIGHWAY | | | 8 | 31 | Name Street Addre | ess (P | O. Box Number is Not Acceptable | e) | | | |
| MIAMI, FL 33131 | | | | | | 33 | City | FL 85 Zip Code | | | | | ode |
| office or re | egistered age | ons of Sections 607,050? Int, or both, in the Stale o I, and accept the obligat | if Florida, Suct | richange was ai | uthorized | bν | the corporation | oratio on's b | n submits this statement for the proposed of directors. I hereby accep | irpose o the app | f chang pointme | ing its r nt as re | egisteren gistered |
| SIGNATURE | Signature, typed o | r printed name of registered agent | and the r approat | ile (NOTE | Heg stered A | Ager | nt signature require | ed when | reinstating) | DATE | | | |
| 12. | | OFFICERS AND | DIRECTORS | | 13, | | | | ADDITIONS/CHANGES TO OFFIC | ERS AN! | DIRE | CTORS | In 10 |
| TITLE NAME STREET ADDRESS | PD MONTEA 199 BR | GUDO, ORLANDO J. ICRELL PLAZA, | 603 | DELETE | 1 1 THE 1.2 NAM 1.3 STRE | Œ | ADDRESS | | 90000225 | U118 | 2/ | 001 | |
| CITY-ST-ZIP TITLE | MIAMI FL RUA, C | ARLOS M. DP | | DELETE | 1.4 CITY 2.1 11TU | _ | - ZIP | | ****165.0 | <u>() *</u> | *** <u>1</u> 1 | <u>65.0</u> ange | 0 ☐ Addition |
| | | | | | | | | | | | | | |

| SIGNATURE | Signature, typed or printed name of registered agon and tine if applicable (NOTE) | leg stered Agent signature | required when reinstaling) | DATE | |
|------------------|---|----------------------------|----------------------------|--|-------------|
| 12. | OFFICERS AND DIRECTORS | 13. | | O OFFICERS AND DIRECTOR | R3 In 10 |
| TITLE | PD DELETE | 1 1 TITLE | | Change | Additio |
| NAME | MONTEAGUDO ORLANDO J. 799 BRICKELL PLAZA, 603 | 1.2 NAME | 900002 | 251579 | -6 |
| STREET ADDRESS | 799 BRICKELL PLAZA, 603 | 1.3 STREET ADDRESS | -07/29 | 251579 9/9701127001 | |
| CITY-ST-ZIP | M <u>i</u> ami fl | 1.4 CITY-ST-ZIP | 米米米米 | 165.00 ****165. | 00 |
| TITLE | RUA, CARLOS M. DP DELETE | 2.1 1/fLE | | Change | Addition |
| NAME | 799 BRICKELL PLAZA, 603 | 22 NAME | | $\mathcal{L}_{\mathcal{D}} \sim \mathcal{L}_{\mathcal{D}}$ | |
| STREET ADDRESS | MIAMI, FL | 2.3 STREET ADDRESS | | 159 | |
| CITY - ST - ZIP | | 2. 4 CITY-ST-ZIP | | | |
| TITLE | RUA, CARLOS R. DV DELETE | 3.1 11TLE | | Change | Addition |
| NAME | 799 BRICKEL PLAZA | 3 2 NAME | | (| |
| STREET ADDRESS | MIAMI, FL | 3 3 STREET ADDRESS | | | |
| CiTY+ST-ZIP | | 3 4. C(TY+ST-Z)P | | | |
| TITLE | DELETE | 4 1 TITLE | | Change | Addition |
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| CITY-ST-ZIP | | 4.4 CITY - ST - ZIP | | | |
| TITLE | ☐ DEFELE | זודי 5. | | ☐ Change | neilibbA |
| NAME | | 5.2 NAME | | | |
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| TITLE | ☐ oetetu | G 1 TITLE | | Change | []] Additos |
| NAME | | 62 NAME | | | |
| STREET ADDITIONS | | A SISTREET ADDITION | | | |
| CITY - 51 - ZIP | | 5 4 S.4Y - ST - ZIP | | | |

14. If do b roby certify that the adomaismonal of the care has being diversioned and about the exemption where an Section (19.07(3)6), Florate Statutes, I further certify that the information indicated on the minural approvement depose in the arm assentate and that my signature shall have the same legal effect as if made certify are assentate and that my signature shall have the same legal effect as if made certify are a sounce and that my signature shall have the same legal effect as if made certify are a popular and the property of the exemption where a to effect as required by Chapter 807, Florata Statutes, and that he made approve in Brack 12 or till as the content of the content of

HOMESAFE MORTGAGE COMPANY 799 BRICKELL PLAZA SUITE 603 MIAMI, FLORIDA 33131-2808 TEL (305) 567-1800 FAX (305) 460-5959

July 16, 1997

Department of State Division of Corporations Annual Reports Section P.O. Box 1500 Tallahassee, FL 32302-1500

To whom it may concern:

As per my conversation with a gentlemen by the name of Doug, I explained to him that our office got broken in to and not only was everything stolen (computers, faxes, telephones, papers, radio, etc.) but they vandalized our office and the things they did not take (tables, paintings, chairs, etc.).

I also explained to Doug, that we had sent one check for each company, Homesafe Mortgage Company and Nationwide Medical Finance Group (each in the amount of \$165.00) in the same envelope. On July 15, 1997 we received a second notice to file a 1997 Profit Corporation Annual Report for Homesafe Mortgage Company but not for Nationwide Medical Finance Group. Obviously, the checks must have gotten lost. Furthermore, we have no way of finding out the check numbers for these checks.

Doug asked me to re-send two checks in the amount \$165.00 each for the two companies.

Sincerely.

Omaida Monteagudo