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

## Apr 24 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS DOCUMENT #** S36757 (0)AMERIFINANCIAL, INC. Principal Place of Business Mailing Address 345 ALMERIA AVE PO BOX 143746 **CORAL GABLES FL 33134** CORAL GABLES FL 33114-3748 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/11/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0257046 Not Applicable 26 21 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Ζip Country 8. This corporation owes or has paid the current year Intangible X Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SPIEGEL, LAWRENCE J. P 343 ALMERIA AVE Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 84 85 Zip Code City 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 nigistered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1 1 TITLE Change ☐ Addition SPIEGEL, LAWRENCE J NAME 1.2 NAME 345 ALMERIA AVE STREET ADDRESS 1.3 STREET ADDRESS CORAL GABLES FL 1.4 City-St-ZiP CITY-ST-ZIP DELETE TITLE. 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-S1-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 52 NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change TITLE 6.1 TITLE Addition 6.2 NAME

6.3 STREET ADDRESS

g does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

e and accurate and that my signature shall have the same legal effect as if made under oath; that I am an wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

LAWRENCE J. SPIEGEL 4-17-98 305-445-2700

6.4 CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

14. I hereby certify that the information supplied w

indicated on this annual report or si officer or director of the corporation Block 12 or Block 13 if changed, or **FILED**