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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S4340

(1)

DJL FINANCIAL SERVICES, INC.

FILED Feb 03 1998 8:00am Secretary of State



Mailing Address Principal Place of Business 2280 SW 143 PLACE 2280 SW 143 PLACE MIAMI FL 33175 MIAMI FL 33175 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 04/05/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0258760 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt, #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State **\$5.00** May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Zip Country Zin Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes 25 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FERRARESI, DANIEL J. 3300 PGA BLVD Street Address (P.O. Box Number is Not Acceptable) STE 810 83 PALM BEACH GARDENS FL 33410 84 City 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 Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE TITI F 1.1 TITLE FERRARESI, DANIEL J. 1.2 NAME NAME 2280 SW 143 PL 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ___ Addition 2,1 TITLE DVP TITLE CABRERA, J. LUIS 2.2 NAME NAME 2280 SW 143 PL 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE Addition TITLE 4.1 TETLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 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 or anged or on an attachment with an address.

SIGNATURE:

abnuar IR(TOSELYECABRERA) 1/21/98 (301) 532655

CR2E034 (10/97)