

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13 1997 8:00am
Secretary of State

DOCUMENT # S48015 (9)

1. Corporation Name
BANKRUPTCY RECOVERY CORPORATION

Principal Place of Business

25 SE 2ND AVE. STE. 407
MIAMI FL 33131

Mailing Address

25 SE 2ND AVE. STE. 407
MIAMI FL 33131-1510



2. Principal Place of Business
21 25 S.E. 2ND AVENUE
Suite, Apt. #, etc.
22 1120
City & State
23 MIAMI, FL
Zip Country
24 33131 25
2a. Mailing Address
26 25 S.E. 2ND AVENUE
Suite, Apt. #, etc.
27 1120
City & State
28 MIAMI, FL
Zip Country
29 33131 30

3. Date Incorporated or Qualified 04/25/1991
3a. Date of Last Report 05/01/1996
4. FEI Number 65-0310683
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

COHEN, ELEANOR
25 SE 2ND AVE. STE. 407
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name COHEN, ELEANOR
82 Street Address (P.O. Box Number is Not Acceptable) 25 S.E. 2ND AVENUE
83 SUITE 1120
84 City MIAMI FL 85 Zip Code 33131

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	COHEN, ELEANOR	25 SE 2ND AVE. #407	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	1.5 DELETE
		25 S.E. 2ND AVENUE, SUITE 1120	MIAMI, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

SIGNATURE [Signature] [Signature]

CR2E034 (9/96)