FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S66885** **(2)**

1. Corporation Name
AMIGO FINANCIAL SERVICES, INC.

700001482557
-05/10/95--01055--015
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1409 S.E. 10TH PL. CAPE CORAL FL 33990	P. O. BOX 150156 COPE CORAL FL 33904

3. Date Incorporated or Qualified: 07/17/1991	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0302800	☐ 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
7. This corporation has liability for intangible tax under S. 199.052, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

CULTRERA, SOSA
1409 S.E. 10TH PL.
CAPE CORAL FL 33990

10. Name and Address of New Registered Agent

31 Name: CULTRERA, GILLY SOSA
32 Street Address (P.O. Box Number is Not Acceptable):
33
34 City: FL 35 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 _____ DATE
(Section 607.0505, Florida Statutes: If registered agent is the Corporation) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE: PRESIDENT	☐ Change ☐ Addition
NAME	CULTRERA, GILLY SOSA	12 NAME	
STREET ADDRESS	1409 S.E. 10TH PL.	13 STREET ADDRESS	
CITY, ST, ZIP	CAPE CORAL FL	14 CITY, ST, ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	CULTRERA, JOSEPH	22 NAME	
STREET ADDRESS	448 67 STREET	23 STREET ADDRESS	
CITY, ST, ZIP	WEST NY NJ	24 CITY, ST, ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	CULTRERA, JENNIFER	32 NAME	
STREET ADDRESS	1409 S.E. 10TH PLACE	33 STREET ADDRESS	
CITY, ST, ZIP	CAPE CORAL FL	34 CITY, ST, ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

GP 5/1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 11 or 13 above if changed, or added, or attached with an address.

SIGNATURE: Sosa Cultrera — 4-30-95 — 488 1770
(Date) (Telephone Number)
GILLY SOSA CULTRERA
(TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR)

0460000 FP