

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 JUL 28 PM 1:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # S68863

(7)

1. Corporation Name

POA FINANCE INC.

Principal Place of Business

780 N.W. 442ND AVENUE
SUITE 414
MIAMI FL 33126

Mailing Address

780 N.W. 442ND AVENUE
SUITE 414
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/22/1991

3a. Date of Last Report

02/10/1994

4. FEI Number

65-0286123

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

2. Principal Place of Business

21 Suite, Apt. #, etc

2a. Mailing Address

26 Suite, Apt. #, etc

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

MERKIN, STEWART A ESQUIRE
444 BRICKELL AVE.
STE. 300
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

George Vlachakis
Signature of Registered Agent

GEORGES VLACHAKIS
Signature of Officer or Director

07/24/95
Date

12. OFFICERS AND DIRECTORS

TITLE: PSD
NAME: VLACHAKIS, GEORGE
STREET ADDRESS: 1000 ISLAND BLVD., APT. 303
CITY, ST, ZIP: MIAMI FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

14. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

15 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

17 TITLE

18 NAME

19 STREET ADDRESS

20 CITY, ST, ZIP

21 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY, ST, ZIP

27 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

29 TITLE

30 NAME

31 STREET ADDRESS

32 CITY, ST, ZIP

33 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

35 TITLE

36 NAME

37 STREET ADDRESS

38 CITY, ST, ZIP

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)(b), 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 organ appointment with an address.

SIGNATURE:

George Vlachakis
Signature and Typed or Printed Name of Signing Officer or Director

GEORGES VLACHAKIS

07/24/95 (305) 4447680
Telephone Number

CR2E034 (3/95)