

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
**Jun 18 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # S70613 (2)**  
1. Corporation Name  
**A & W FINANCIAL SERVICES, INC.**



Principal Place of Business      Mailing Address  
**8500 S.W. 43RD TERRACE**      **8500 S.W. 43RD TERRACE**  
**MIAMI FL 33155**      **MIAMI FL 33155**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 <b>5481 N.W. 72 AVE</b>		26 <b>5481 S.W. 72 AVE</b>		<b>08/02/1991</b>	<b>07/14/1995</b>
Suite, Apt #, etc.		Suite, Apt #, etc.		4. FEI Number	Applied For
22		27		<b>65-0276967</b>	Not Applicable
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 <b>MIAMI, FL.</b>		28 <b>MIAMI, FL.</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.03? Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 <b>33166</b>	25 <b>USA</b>	29 <b>33166</b>	30 <b>USA</b>		

9. Name and Address of Current Registered Agent

**CAMPO, YESIT J**  
**85 GRAND CANAL DR., SUITE 102**  
**MIAMI FL 33144**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	PTD
NAME	RUIZ, WILLIAM	1.2 NAME	RUIZ, WILLIAM
STREET ADDRESS	8500 S.W. 43RD TERRACE	1.3 STREET ADDRESS	10271 S.W. 58 STREET
CITY-ST-ZIP	MIAMI FL 33155	1.4 CITY-ST-ZIP	MIAMI, FL. 33173
TITLE	VSD	2.1 TITLE	VSD
NAME	RUIZ, ADRIANA	2.2 NAME	RUIZ, ADRIANA
STREET ADDRESS	8500 S.W. 43RD TERRACE	2.3 STREET ADDRESS	10271 S.W. 58 STREET
CITY-ST-ZIP	MIAMI FL 33155	2.4 CITY-ST-ZIP	MIAMI, FL. 33173
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*William Ruiz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6/14/96*

*305 8821010*  
Telephone Number

CR2E034 (3/96)