SECOND AMOUNT DUE	NOTICE: CORPORATION WILL BE I ON OR BEFORE 8/7/96: \$225 (IF DISSO)	DISSOLVED ON OR AFTER	R AUGUS	T 7, 1996.	75 1			
COR ANNU	PROFIT CORPORATION ANNUAL REPORT FLORIDA DEPAR Sandra E Secreta		ARTMENT B Morths lary of Sta	RTMENT OF STATE B. Mortham Iry of State CORPORATIONS				
DOCUN 1. Corporation	MENT # S9443	1 (1)						
MIDAN	IERICA FINANCIAL SERVICE	S, INC.						
Principal Place	of Business	Mailing Address						
1750 UNIVERSITY DRIVE 1750 UNIVERSITY CORAL SPRINGS FL 33071 CORAL SPRINGS			VE 33071					,,, e.e., e.e., s.e,, 1241
						3. Date Incorporated or Qualified 11/15/1991	1	of Last Report
2. Principal Pla 21	ace of Business	2a. Mailing Address 26	<u></u>			4. FEI Number 65-0298144	1 00/0	Applied For
Surte, Apt. #, etc.		Suite, Apt. #, etc				5. Certificate of Status Desired	\$	Not Applicable 8.75 Additional
City & State	City & State City & State					6. Election Campaign Financing		Fee Required \$5.00 May Be
Zip	Country	28 Zip	Cou	intry		Trust Fund Contribution	L.J	Added to Fees
24	25 29 9. Name and Address of Current Registered Agent		30	· ·		8. This corporation has liability for in Florida Statutes	Yes 🔲 N	lo l
1 A	WRENCE, MARCUS	registered Agent		81 Name		10. Name and Address of New Rec	istered Age	1t
1750 UNIVERSITY DRIVE				82 Street		s (P.O. Box Number is Not Acceptable	e)	
CO	PRAL SPRINGS FL 33071		83					
				84 City			6	5 Zip Code
11. Pursuant to	es, the ab	ove-named	corpora	tion submits this statement for the pur	PL			
agent I an	gistered agent, or both in the State of familiar with, and accept the obligation	Florida Such change was a ins of, Section 607.0505, Flo	authorized orida Statu	by the corp ites.	oration'	s board of directors. Thereby accept t	ne appointme	ent as registered
	Ignature, typed or printed name of registered agent a		TE Registered	l Agent signatura	required v	shen reinstating)	DATE	
12.	OFFICERS AND DPST	DIRECTORS DELETE	13.	13. 117ITLE		ADDITIONS/CHANGES TO OFFICE		ECTORS IN 12
NAME	LAWRENCE, MARCUS	AWRENCE, MARCUS		12 NAME		NRISH MARKUS	_	ECTORS IN 12 (96) (Change Addition Addition Addition B) (12) (13) (13) (13) (13) (13) (13) (13) (13
STREET ADDRESS CITY-ST-ZIP	12552 BURNING TREE LANE CORAL SPRINGS FL			HEET ADDRESS	175	so university Pr.	#126	E03
TITLE	DS DS	DELETE	2 1 Til	LE LE	COA	LOL Springs, Fland	A 3307	Change Addition
NAME	MARCUS, ROBIN	/	2 2 NA	ME				January Daniel D
STREET ADDRESS CITY-ST-ZIP	12552 BYRNING TREE LANE CORAL SPRINGS FL			REET ADDRESS				į
TITLE		DELETE	3 1 TIT	TY - ST - ZIP LE				Change Addition
NAME STREET ADDRESS			3 2 NA					
CITY - ST - ZIP				REET ADDRESS Ty-st-zip				
TITLE		DELETE	4 1 111					Change Addition
STREET ADDRESS			4 2 NA	ME Reet address				
CITY-ST-ZIP				Y-ST-ZIP				
NAME		DELETE		5 1 TITLE 52 NAME				Change Addition
STREET ADDRESS				ME REEL ADORESS				
CITY-ST-ZIP			T .	5 4 C(TY - ST - Z(P				
NAME		DELETE		6 1 TITLE 6 2 NAME				Change Addition
STREET ADDRESS				LEET ADDRESS				
CITY-ST-ZIP	Certify that the information supplied wi	th this bling is unfuntable to	nichad an	r-SI-ZIP	en al f			
made under	certify that the information supplied wi fy that the information indicated on this roath, that I am an officer or director of le appears in Block 12 or Block 13 if ch	the cornoration or the rece	ritai annua	si report is tr				
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER DR DIRECTOR MANUE PARENTED 6/26/96 254-341-238								