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

DOCUMENT #

Principal Place of Business

2. Principal Place of Business

appears in Block 12 or Block 13 if

SIGNATURE."

801 BRICKELL AVE.

#1401 MIAMI FL 33131

21

S97156

(1)

Mailing Address

P. O. BOX 01-3329 MIAMI FL 33101-3329

2a. Mailing Address

26

FUNDED EQUITIES, INC.

Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation has liability for intengible tax under s. 199.032, 24 30 Yes Florida Statutes □ No 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent ALLEN, GEORGE F. 81 Name 241 SEVILLA SUITE 1005 Street Address (P.O. Box Number is Not Acceptable) **#1401** 83 CORAL GABLES FL 33134 84 City Zip Code 85 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 arm 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) 12. OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)DELETE TITLE 1 1 TITLE Channe BAILEY, HERBERT J. NAME 1.2 NAME 801 BRICKELL AVE., #1401 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33131** CITY - ST - ZIP 1.4 CITY-ST-ZIP AS DELETE TITLE 2.1 TITLE Change Addition GEORGE F. ALLEN, NAME 2.2 NAME 801 BRICKELL AVE. STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33131** CITY - ST - ZIP 2 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 34. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY-ST-ZIP DELETE TITLE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY - S1 - ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST- ZIP CHTY - ST - ZIP 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

FILED Feb 14 1997 8:00am Secretary of State

3a. Date of Last Report

Applied For

Not Applicable

04/25/1996



2-10-97 (305) 579-6025 Dayline Phone I

3. Date incorporated or Qualified

12/02/1991

65-0303210

4. FEI Number