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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **V19030** **(8)**

1. Corporation Name
SOUTH FLORIDA ACCEPTANCE CORP.

Principal Place of Business	Mailing Address
6073 NW 67TH STREET #C-15 MIAMI FL 33015 US	P.O. BOX 520934 STE 103 MIAMI FL 33152-0934 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/05/1992
3a. Date of Last Report: 01/20/1994

21 2. Principal Place of Business: 6073 NW 167th Street	26 2a. Mailing Address: P.O. Box 520934
22 Suite, Apt. #, etc: #C15	27 Suite, Apt. #, etc:
23 City & State: Miami, Florida	28 City & State: Miami, Florida
24 Zip: 33015 25 Country: USA	29 Zip: 33152-0934 30 Country: USA

4. FEI Number: 65-0312889 ☐ 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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WILSON, GARY L
6073 NW 167TH STREET
MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name: Ronald Bluestein
82 Street Address (P.O. Box Number is Not Acceptable): 6073 NW 167th Street
83: #C15
84 City: Miami FL 85 Zip Code: 33015

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: Ronald Bluestein President
(Signature of new registered agent, if being changed) (If Registered Agent is a corporation, must be signature of officer or director) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	11 TITLE	Director	☒ Change ☐ Addition
NAME	WILSON, GARY L	12 NAME	Haviv, Yehuda	
STREET ADDRESS	6073 NW 167TH STREET, #C15	13 STREET ADDRESS	6073 NW 167th st, #C15	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	Miami, Fl. 33015	
TITLE	VD	21 TITLE	Director	☐ Change ☒ Addition
NAME	HAVIV, VEHIDA	22 NAME	Sommer, Joel	
STREET ADDRESS	4822 NW 82 AVE	23 STREET ADDRESS	6073 NW 167th st. #C15	
CITY ST ZIP	LAUDERHILL FL	24 CITY ST ZIP	Miami, Fl. 33015	
TITLE	PD	31 TITLE	Director	☐ Change ☒ Addition
NAME	BLUESTEIN, RONALD	32 NAME	David Goldberger	
STREET ADDRESS	6073 NW 167TH STREET, #C15	33 STREET ADDRESS	6073 NW 167th st, #C15	
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	Miami, Fl. 33015	
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		

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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ronald Bluestein President 3/27/95 213-541-2444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0429187 FP