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CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

'95 MAR 15 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V51656 (9)

1. Corporation Name
HOMESTEAD AUTO FINANCE COMPANY, INC.

Principal Place of Business	Mailing Address
GREEN, JONATHAN H. 2400 S. DIXIE HWY. SUITE 105 MIAMI FL 33133 US	29949 S. FEDERAL HWY 2400 S DIXIE HWY. SUITE 105 HOMESTEAD FL 33030 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/20/1992
3a. Date of Last Report: 03/10/1994
4. FEI Number: 65-0413515 — Applied For / Not Applicable

21 Principal Place of Business: 29949 S. Federal Highway	26 Mailing Address: 29949 S. Federal Hwy
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Homestead FL	28 City & State: Homestead FL
24 Zip: 33033 25 County: Dade	29 Zip: 33033 30 County: Dade

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
POTTS, ROY F. J 29320 S.W. 193RD AVE. 2400 S DIXIE HWY, SUITE 105 HOMESTEAD FL 33030	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	POTTS, ROY F. JR	1.2 NAME	
STREET ADDRESS	29949 S. FEDERAL HWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	V ☐ Change ☒ Addition
NAME	~~GAIL A~~	2.2 NAME	GAIL A. POTTS
STREET ADDRESS		2.3 STREET ADDRESS	29320 SW 193rd Ave
CITY-ST-ZIP		2.4 CITY-ST-ZIP	HOMESTEAD FL 33030
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached list with an address.

SIGNATURE [signature] 3-07-95 3052461000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Roy F. Potts, Jr

0117942 CP