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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V68290

1. Corporation Name

N.A. FIN	NANCIAL SERVICES, INCOR	PORATED						
Principal Plac	ce of Business	Mailing Address						
7975 NW 154	ST.	P O BOX 172408			1			
SUITE 330		MIAMI FL 33017						
MIAMI LAKES	FL 33016.	US	*		DO NOT WR 3. Date incorporated or Qualifed		SPACE	
บร								
		a Marilian Address			09/28/1992 4. FEI Number			aliad Far
	Place of Business	2a. Mailing Address			1			Applicable
21		Suite, Apt. #, etc.			59-3142776		\$8.75 A	
Suite, Apt	#, etc.	├			5. Certifcate of Status Desired		Fee Re	
City & Sta	ate .	City & State			a Floring Compaign Financing			
23	ate grant and a second	28			6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	
Zip	Country	Zip	Count	hrv	8. This corporation owes the cur	rent year Inte		71 003
—	25	L '	30	,	Personal Property Tax.	-		□No
24	9. Name and Address of Currer		30]		10. Name and Address of New			
	3. Mains and Address of Curter	r registered whent	8	1 Name	CA and and the all little	,3,		
ALV	AREZ, NELSON		L					
	5 NW 154 ST.		3	Street A	ddress (P.O. Box Number is Not Accept	able)		
	TE 330		l a	33				
	MI LAKES FL 33016			~	_			
			8	64 City		FL	85 Zip C	ode
agent. I	am familiar with, and accept the obliga	of Florida. Such change was au	ithorized t	by the corpor	orporation submits this statement for the ation's board of directors. I hereby acce	pt the appoint	tment as reg	istered
agent. I	am familiar with, and accept the obligated and accept the obligated and accept the obligated age. Signature, typed or printed name of registered age.	of Florida. Such change was au ations of, Section 607.0505, Flori and title if applicable. (NOTE:	Athorized to ida Statuto Registered A	es.	atron's board of directors. I hereby acce	DATE	tment as reg	istered
agent. I	am familiar with, and accept the obligated in the obligated age of printed name of registered age OFFICERS AN	of Florida. Such change was au ations of, Section 607.0505, Flori	ithorized t ida Statuti	by the corporates.	ation's board of directors. I hereby acce	DATE	tment as reg	istered
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agent. I : SIGNATURE 12. TITLE NAME	am familiar with, and accept the obligated signature. The obligation of printed name of registered age OFFICERS AND PALVAREZ, NELSON	of Florida. Such change was austions of, Section 607.0505, Flori ont and title if applicable. (NOTE:	Registered A 13. 1.1 TITLE	poy the corporates.	atron's board of directors. I hereby acce	DATE	DIRECTO	RS IN 12
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14. I 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 trastee 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 a supplement with an address, with all other like empowered.

SIGNATURE:

4.20.99 315 362-720