SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # (3)DESMOND FINANCIAL GROUP, INC. Principal Place of Business Mailing Address 9770 SW 138 AVE3 9770 SW 138 AVE MIAMI FL 33186 MIAMI FL 33186 US 3. Date Incorporated or Qualified 3a, Date of Last Report 10/06/1992 08/08/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0361681 21 26 Not Applicable Suite, Apt # elc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Country Zip Country 8. This corporation has liability for intangible tax under s. 199 032 Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DESMOND, RICHARD E 9770 SW 138 AVE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33186** 83 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes. SIGNATURE Signature, typical or proceed have east repetitive tragent and their applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change Addition TITLE 1.1 TO F DESMOND, RICHARD E NAME 1.2 NAME 9770 SW 138 AVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY - ST - ZIP 1 4 CITY - ST - ZIP Change ____ Addition DELE16 TITLE 21 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CJ1Y - \$1 - 716 CITY - ST - ZIP DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS City-ST-ZiP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHTY-ST-ZIP 4.4 CHY - \$1 - ZIP DELETE Change Addition TITLE 5.1 100 6 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5 4 CITY - ST - ZIP DELETE 61 TIILE Change Addition TITLE NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6 4 CITY - ST - ZIF 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 of director of the configuration or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Stututes, and that my name appears in Block on an attachment with an address

SIGNATURE:

8/2/96 (305)383-8053