

★ FILE NOW. FILING FEE AFTER MAY 1 IS \$225.00 ★

CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1995 MAY -1 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
FINANCIAL FINANCIAL CORP.

DOCUMENT #
✓ 70753

Mailing Address
**141 NE 3RD ST
SUITE 206
MIAMI - FL - 33132**

Principal Place of Business
**141 NE 3RD ST
SUITE 206
MIAMI - FL - 33132**

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

2. Mailing Address

2a. Principal Place of Business

4. FEI Number

Applied For
(Not Applicable)

21 Suite, Apt. #, etc.

2b Suite, Apt. #, etc.

5. Certificate of Status Desired

6. Election Campaign
Financing Trust
Fund Contribution ☐

22 City & State

27 City & State

7. Nonprofit Exempt from \$138.75
Supplemental Fee ☐

**\$5.00 May Be
Added to Fees**

23 Zip

Country

28 Zip

Country

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

**THOMPSON, DISNEY D.
34 SE 2ND AVE
SUITE 414
MIAMI - FL - 33131**

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 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, of 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 or 617.0503, Florida Statutes.

SIGNATURE

[Signature] Registered Agent 04/28/95

DATE

04/28/95

12. OFFICERS AND DIRECTORS

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D
12 NAME	LAURIA, JOSE ESTEVAN
13 STREET ADDRESS	20409 NE 10TH COURT ROAD
14 CITY - ST - ZIP	NORTH MIAMI BEACH FL 33179
21 TITLE	D
22 NAME	LAURIA, SAMIRA A.
23 STREET ADDRESS	20409 NE 10TH COURT ROAD
24 CITY - ST - ZIP	NORTH MIAMI BEACH FL 33179
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	
22 NAME	5000001492465
23 STREET ADDRESS	-05/17/95--01178--025
24 CITY - ST - ZIP	***200.00 ***200.00
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	
62 NAME	DA
63 STREET ADDRESS	5-1-95
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 110.07(3)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 110.07(3)(b) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning employment properly imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

[Signature] AND TYPE OR PRINTED NAME OF SIGNER HEREIN

04/28/95

373-6211