

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000019020 (4)**  
1. Corporation Name  
**FIRST FINANCIAL LEADS & REFERRALS SERVICES CO., INC.**



Principal Place of Business <b>12864 BISCAYNE BLVD. UNIT 303 NORTH MIAMI FL 33181</b>	Mailing Address <b>12864 BISCAYNE BLVD. UNIT 303 NORTH MIAMI FL 33181</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/11/1994</b>		4. FEI Number <b>65-0473479</b>		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
2. Principal Place of Business 21. Suite, Apt. #, etc.	2a. Mailing Address 26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23. Zip Country	28. Zip Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Zip	25. Country	29. Zip	30. Country		

**9. Name and Address of Current Registered Agent**  
**PINO, ORLANDO**  
**1465 NE 121 ST #B-402**  
**N MIAMI FL 33161**

**10. Name and Address of New Registered Agent**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City <b>FL</b> 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 **ORLANDO PINO, PRES.** Signature, typed or printed name of registered agent and file if applicable  
 Signature **Orlando Pino** (NCII - Register) Agent signature required when reinstating  
 DATE **4-20-98**

**12. OFFICERS AND DIRECTORS**

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>PINO, LILLIAN</b>	
STREET ADDRESS	<b>12864 BISCAYNE BLVD., UNIT 303</b>	
CITY-ST-ZIP	<b>NORTH MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>ORLANDO PINO, PRESIDENT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>1465 NE 121 ST. # B-402</b>	
1.3 STREET ADDRESS	<b>NORTH MIAMI, FL, 33161-</b>	
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>500002516975-4</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>-05/07/98--0113--023</b>	
2.3 STREET ADDRESS	<b>***150.00 ***150.00</b>	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	<b>SCC 5-6-98</b>	

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 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 attachment with an address.

SIGNATURE: **Orlando Pino** **ORLANDO PINO** **4-20-98** (305) 899-9791

CR2E034 (10/97)