


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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortland Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 591699 (4)

1. Corporation Name
SERVICE MORTGAGE CORPORATION

Principal Place of Business 9065 S.W. 87TH AVE., STE. 101 MIAMI FL 33176	Mailing Address 9065 S.W. 87TH AVE., STE. 101 MIAMI FL 33176
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10511 N. Kendall Drive Suite, Apt. #, etc. 22 C-201 City & State 23 Miami, Fl Zip 24 33176 Country 25 Dade	2a. Mailing Address 26 10511 N. Kendall Drive Suite, Apt. #, etc. 27 C-201 City & State 28 Miami, Fl Zip 29 33176 Country 30 Dade
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3. Date Incorporated or Qualified
10/31/1978

4. FEI Number
NOT APPLICABLE

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

SANCHEZ, RICHARD
9065 S.W. 87TH AVE.
SUITE 101
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name **Sanchez, Richard**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **10511 N. Kendall Drive Ste C-201**

84 City **Miami** **FL** 85 Zip Code **33176**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SANCHEZ, RICHARD	
STREET ADDRESS	9065 S.W. 87TH AVE., STE. 101	
CITY-ST-ZIP	MIAMI FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SANCHEZ, MAGALY	
STREET ADDRESS	9065 S.W. 87TH AVENUE, STE. 101	
CITY-ST-ZIP	MIAMI FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	RODRIGUEZ, ADA	
STREET ADDRESS	9065 S.W. 87TH AVE., STE 101	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SANCHEZ, GILBERT	
STREET ADDRESS	9065 S.W. 87TH AVE., STE.101	
CITY-ST-ZIP	MIAMI FL	
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	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sanchez, Richard	
1.3 STREET ADDRESS	10511 N Kendall Dr. Ste C-201	
1.4 CITY-ST-ZIP	Miami, Fl 33176	
2.1 TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sanchez, Magaly	
2.3 STREET ADDRESS	10511 N. Kendall Dr. Ste C-201	
2.4 CITY-ST-ZIP	Miami, Fl 33176	
3.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Reguena, MaryAnn	
3.3 STREET ADDRESS	10511 N. Kendall Dr. Ste C-201	
3.4 CITY-ST-ZIP	Miami, FL 33176	
4.1 TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Sanchez, Gilbert	
4.3 STREET ADDRESS	10511 N. Kendall DR Ste C-201	
4.4 CITY-ST-ZIP	Miami, FL 33176	
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		

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: *[Signature]* 4/29/98 2051224 3192

CR2E034 (10/97)