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May 27, 1999 8:00 am
Secretary of State

05-27-1999 90008 002 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 591699

1. Corporation Name
SERVICE MORTGAGE CORPORATION



| | |
|--|--|
| Principal Place of Business | Mailing Address |
| 10511 N KENDALL DRIVE C-201 MIAMI FL 33176 US | 10511 N KENDALL DRIVE C-201 MIAMI FL 33176 US |

DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip Country | 28 Zip Country |
| 24 25 | 29 30 |

| | |
|---|--|
| 3. Date Incorporated or Qualified | Applied For |
| 10/31/1978 | Not Applicable |
| 4. FEI Number | Applied For |
| NOT APPLICABLE | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input type="checkbox"/> | |
| 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| <input type="checkbox"/> | |
| 8. This corporation owes the current year Intangible Personal Property Tax. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

SANCHEZ, RICHARD
 10511 N KENDALL DRIVE SUITE C-201
 MIAMI FL 33176

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83 | |
| 84 City | |

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 type="checkbox"/> DELETE |
| NAME | REGUENA, MARYANN | |
| STREET ADDRESS | 10511 N KENDALL DRIVE SUITE #C-201 | |
| CITY-ST-ZIP | MIAMI FL 33176 | |
| 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 checked="" 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 checked="" 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 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | V | <input checked="" 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 | MIAM, 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, with all other like empowered.

SIGNATURE: *[Signature]* 5/25/99 (305) 274-3197
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)