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**APPROVED AND FILED**

95 APR 27 PM 3:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **651597** (7)

1. Corporation Name  
**LOTUS MORTGAGE COMPANY, INC.**

Principal Place of Business Mailing Address

1036 S.W. 1 ST.  
MIAMI FL 33130  
US

1036 S.W. 1 ST.  
MIAMI FL 33130  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/26/1979** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-1961501** Applied For  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

6. This corporation has liability for intangible tax under G. 129.002, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 **1036 S.W. 1 ST.** 26

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 City & State 28 City & State

**MIAMI FLA.** 28

24 Zip 25 County 29 Zip 30 County

**33130** 25 **US** 29 **US** 30

9. Name and Address of Current Registered Agent

**FLORIDA ANNUAL REPORT SERVICE/CANTERA & ASSOCIATES INC.**  
1036 S.W. 1 ST.  
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name **FLORIDA ANNUAL REPORT SERVICES INC.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1036 S.W. 1 ST.**

83

84 City **MIAMI** 85 State **FL** 86 Zip Code **33130**

11. Pursuant to the provisions of Sections 607.0502 and 607.1105, Florida Statutes, the above-named corporation submits the 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 Sections 607.0502 and Florida Statutes.

SIGNATURE *[Signature]* **AMADA C. LOPEZ, PRES** **4/20/95**

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

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>GAYCOVICH, ABRAM</b>
STREET ADDRESS	<b>5220 LA CORCE DR</b>
CITY ST ZIP	<b>MIAMI BCH, FL 00000</b>
TITLE	<b>S</b>
NAME	<b>LOPEZ-AGUIAR, CARLOS C.</b>
STREET ADDRESS	<b>1040 SW 1ST STREET</b>
CITY ST ZIP	<b>MIAMI FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY ST ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>700001471847</b>
2.4 CITY ST ZIP	<b>-05/02/95 --01157--001</b>
3.1 TITLE	<b>***200.00 ***200.00</b>
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	

*[Handwritten: \$17 4/27]*

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)(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 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 applicable, of an attachment with an address.

SIGNATURE: **X** *[Signature]* **ABRAM GAYCOVICH** **4/20/95** **300 SW 8686**

SIGNATURE (TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE (Typed Name)