

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

APPROVED  
AND  
FILED

1996 MAY -1 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **855091** (5)

1. Corporation Name  
**SOCIEDAD FINANCIERA HIPOTECARIA, SOCIEDAD ANONIM A, INC.**

Principal Place of Business      Mailing Address

**765 N.W. 37 AVE  
SUITE 258  
MIAMI FL 33125**      **765 N.W. 37 AVE  
SUITE 258  
MIAMI FL 33125**

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

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	12/23/1982		09/13/1995
4.	FEI Number		Applied For
	65-0037223		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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**GRANADOS, MOISES  
765 N.W. 37 AVE.  
SUITE 258  
MIAMI FL 33125**

10. Name and Address of New Registered Agent

81	Name	<b>AMERILAWYER</b>	
82	Street Address (P.O. Box Number is Not Acceptable)	<b>c/o Lawrence J. Spiegel</b>	
83		<b>343 Almeria Avenue</b>	
84	City	<b>FL</b>	85 Zip Code <b>33134</b>
		<b>Coral Gables</b>	

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE By: *Moses Granados* **Amerilawyer Chartered** **President** DATE **4/29/96**

(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>VSD</b>	<input type="checkbox"/> DELETE
NAME	<b>GRANADOS, MOISES</b>	
STREET ADDRESS	<b>EDIF DOMINO 30 PANAMA</b>	
CITY - ST - ZIP	<b>PANAMA</b>	
TITLE	<b>VSP</b>	<input type="checkbox"/> DELETE
NAME	<b>CEPERO, MANUELO</b>	
STREET ADDRESS	<b>765 NW 37 AVE</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>FIGUERO, CRISTOBAL</b>	
STREET ADDRESS	<b>765 NW 37 AVE, SUITE 258</b>	
CITY - ST - ZIP	<b>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		

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	<b>400001803244</b>
2.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2	NAME	<b>***208.75</b>
2.3	STREET ADDRESS	<b>***208.75</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	

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 119.07(3)(k), Florida Statutes. I further certify that the information included 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 in an attachment with an address.

SIGNATURE: *Moses Granados* **MOISES GRANADOS** DATE **4/29/96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)

*Handwritten initials*