

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000003717 (4)**

1. Corporation Name

**QUALITY MORTGAGE USA, INC.**



Principal Place of Business

**16800 ASTON STREET  
IRVINE CA 92714**

Mailing Address

**16800 ASTON STREET  
IRVINE CA 92714**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CORPAMERICA, INC.  
SUITE 216  
1525 S. ANDREWS AVE.  
FORT LAUDERDALE FL 33316**

3. Date Incorporated or Qualified

**08/01/1995**

3a. Date of Last Report

**N/A**

4. FEI Number

**33-0078994**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0562 and 1607.1508, 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

Signature of Registered Agent (Typed or Printed Name of Registered Agent)

(Typed or Printed Name of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KORNSWIET, NEIL</b>	
STREET ADDRESS	<b>16800 ASTON STREET</b>	
CITY-ST-ZIP	<b>IRVINE CA 92714</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>RAIMONDO, PETER</b>	
STREET ADDRESS	<b>16800 ASTON STREET</b>	
CITY-ST-ZIP	<b>IRVINE CA 92714</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>WATERS, FRANK</b>	
STREET ADDRESS	<b>16800 ASTON STREET</b>	
CITY-ST-ZIP	<b>IRVINE CA 92714</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MONAHAN, KELLY W</b>	
STREET ADDRESS	<b>16800 ASTON STREET</b>	
CITY-ST-ZIP	<b>IRVINE CA 92714</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ROITER, JAMES</b>	
STREET ADDRESS	<b>140 BROADWAY, 39TH FLOOR</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10005</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HOOD, THOMAS</b>	
STREET ADDRESS	<b>18141 BEACH BLVD</b>	
CITY-ST-ZIP	<b>HUNTINGTON BEACH CA 92648</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>THOMAS HOOD</b>	
1.3 STREET ADDRESS	<b>16800 Aston Street</b>	
1.4 CITY-ST-ZIP	<b>Irvine, CA 92714</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	<b>600001840816</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	<b>-05/28/96--01033--030</b>	
3.4 CITY-ST-ZIP	<b>***200.00</b>	
4.1 TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>FRANCISCO NEBOT</b>	
4.3 STREET ADDRESS	<b>16800 Aston Street</b>	
4.4 CITY-ST-ZIP	<b>Irvine, CA 92714</b>	
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	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>JUDE LOPEZ</b>	
6.3 STREET ADDRESS	<b>16800 Aston Street</b>	
6.4 CITY-ST-ZIP	<b>Irvine, CA 92714</b>	

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

Daytime Phone No.

CR2E034 (12/95)