

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K98639 (3)**

1. Corporation Name

SPECIALTY MORTGAGE CORPORATION



Principal Place of Business

Mailing Address

C/O JACQUELINE CASTRO
1140 W. 50TH ST., SUITE 307
HIALEAH FL 33012
US

C/O JACQUELINE CASTRO
1140 W 50TH ST. SUITE 307
HIALEAH FL 33012
US

3. Date Incorporated or Qualified **06/26/1989** 3a. Date of Last Report **04/24/1995**

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

4. FEI Number 65-0133094	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASTRO, JACQUELINE
6325 N.W. 113 TERRACE
HIALEAH FL 33012

81	Name	JACQUELINE CASTRO
82	Street Address (P.O. Box Number is Not Acceptable)	1140 W. 50 ST. SUITE 307
83		
84	City	HIALEAH
85	Zip Code	FL 33012

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, I, the undersigned, hereby certify that this statement for the purpose of changing its registered office or registers its 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: *Enrique Castro* **ENRIQUE CASTRO VP** DATE: **5/12/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VTS	<input type="checkbox"/> DELETE
NAME	CASTRO, ENRIQUE, JR.	
STREET ADDRESS	6325 NW 113 TERR	
CITY-ST-ZIP	HIALEAH FL	
TITLE	PM	<input type="checkbox"/> DELETE
NAME	CASTRO, JACQUELINE	
STREET ADDRESS	6325 NW 113 TERR	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	VTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	CASTRO, ENRIQUE	
3. STREET ADDRESS	1140 W. 50 ST. SUITE 307	
4. CITY-ST-ZIP	HIALEAH, FL. 33012	
2. TITLE	PM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	CASTRO, JACQUELINE	
23. STREET ADDRESS	1140 W. 50 ST. SUITE 307	
24. CITY-ST-ZIP	HIALEAH, FL. 33012	
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY-ST-ZIP		
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-ST-ZIP		
5. TITLE	600001857028	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	-06/10/96--01025--008	
53. STREET ADDRESS	***233.75	
54. CITY-ST-ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. 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 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: *Enrique Castro* DATE: **5/12/96** (305) 823-8484

CR2E034 (12/95)