

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

FILED
SECRETARY OF STATE
OFFICE OF CORPORATIONS

95 MAY -1 AM 11:51

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morfitt
 Secretary of State
 1715 North Bay Street, Tallahassee, Florida 32304-2500

DOCUMENT # L90724 (0)

L.E.P. MORTGAGE COMPANY

Principal Office Location **Mailing Address**
 5900 SW 46 ST
 MIAMI FL 33155
 US
 P.O. BOX 143287
 CORAL GABLES FL 33114-3287

DO NOT WRITE IN THIS SPACE

2. Date of Incorporation		2a. Mailing Address		3. Date incorporated in Country		3a. Date of Last Report	
21		26		07/05/1990		01/25/1994	
4. FIC Number		5. Certificate of Status (Downs)		6. Election Campaign Financing		7. The corporation has liability for intangible tax under 215.01(1)(a), Florida Statutes	
21		26		65-0209535		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees <input type="checkbox"/> Yes <input type="checkbox"/> No	
22		27		23		24	
25		28		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PERNA, LUIS E. 5900 SW 46 ST MIAMI FL 33155				81 Name			
				82 Street Address, P.O. Box Number, Not Acceptable			
				83 City			
				84 State FL 85 ZIP Code			

11. Paragraph 1 of the provisions of Sections 607.001, 607.002, and 607.1508, Florida Statutes, requires a corporation to submit this statement for the purpose of changing its registered office or registered agent in part of the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and accept the obligations of Sections 607.001, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS ONLY	
1. NAME	D PERNA, LUIS E	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	5900 SW 46 ST	2. STREET ADDRESS	
3. CITY	MIAMI FL	3. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	D PERNA, LISETTE	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS	5900 SW 46 ST	5. STREET ADDRESS	
6. CITY	MIAMI FL	6. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY		9. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY		12. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY		15. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is a true and correct statement and that my signature shall have the same legal effect as if it were written in black ink. I understand that the information supplied on this report is required by Chapter 100, Florida Statutes, and that my name appears in block 1 of the block 1 of this report on an agreement with the address.

SIGNATURE: *Luis E. Perna*
 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 5/17/95 6694150