

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 # L90724 (0) 1. Corporation Name L.E.P. MORTGAGE COMPANY



Principal Place of Business 5900 SW 46 ST MIAMI FL 33155 US Mailing Address P.O. BOX 143287 CORAL GABLES FL 33114-3287

3. Date Incorporated or Qualified 07/05/1990 3a. Date of Last Report 05/01/1995

2. Principal Place of Business 21 265 SEVILLA AVE 2a. Mailing Address 26 Suite, Apt. #, etc.

4. FEI Number 65-0209535 Applied For Not Applicable

22 City & State 23 CORAL GABLES, FL. 27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

24 33134 25 USA 29 Zip 30 Country

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

9. Name and Address of Current Registered Agent PERNA, LUIS E. 5900 SW 46 ST MIAMI FL 33155

10. Name and Address of New Registered Agent

1 Name 2 Street Address (P.O. Box Number is Not Acceptable) 3 4 City FL 85 Zip Code

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 obligations of, Section 607.0505, Florida Statutes.

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

Table with 2 columns: 12. OFFICERS AND DIRECTORS, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include Perna, Luis E and Perna, Lisette.

Table with 2 columns: 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include change/addition options for various officer details.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I certify that the information indicated on this annual report or supplemental annual report is true; that I am an officer or director of the corporation or the receiver or trustee empowered to appear in Block 12 or Block 13 if changed, or on an attachment with an address.

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

SIGNATURE: Luis E Perna SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.28.96 (305) 447-9974 Date: Day, Time Phone #

CR2E034 (12/95)