

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -1 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L98000000772

1. Entity Name

AIBC INTERNATIONAL MORTGAGE FINANCE, L.C.

Principal Place of Business  
80 S.W. 8TH STREET, LOBBY LEVEL  
MIAMI FL 33130

Mailing Address  
80 S.W. 8TH STREET, LOBBY LEVEL  
MIAMI FL 33130-3003



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0842618

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLOMA, VIVIAN M  
80 S.W. 8TH STREET, MAIN LOBBY  
MIAMI FL 33130

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

~~FILE NOW!!! FEE IS \$50.00~~  
Make Check Payable to Department of State

~~300003258293-1~~  
-05/18/00--01131--006  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM  Delete  
STREET ADDRESS BURDETTE, WILLIAM R  
CITY-ST-ZIP 80 SW 8TH STREET, SUITE 100  
MIAMI FL 33130

TITLE NAME MGRM  Change  Addition  
STREET ADDRESS COLOMA, JORGE  
CITY-ST-ZIP 80 SW 8TH STREET, LOBBY  
MIAMI, FL 33130.

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
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TITLE NAME  Change  Addition  
STREET ADDRESS  
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TITLE NAME  Delete  
STREET ADDRESS  
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TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Jorge Coloma*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/26/00  
Date

(305) 539-3755  
Daytime Phone #

CR2E083 (9/99)