

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M04002 (5)
 1. Corporation Name
CERTIFIED MORTGAGE BANKERS, INC.



Principal Place of Business 901 PONCE DE LEON BLVD. #301 CORAL GABLES FL 33134	Mailing Address 901 PONCE DE LEON BLVD. #301 CORAL GABLES FL 33134
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/15/1984	4. FEI Number 59-2436274	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23. Zip	28. Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		
24. Country	29. Country			

9. Name and Address of Current Registered Agent PULIDO, JORGE G. 901 PONCE DE LEON BLVD STE 301 CORAL GABLES FL 33134		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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PST	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PULIDO, JORGE G		1.2 NAME	
STREET ADDRESS 901 PONCE DE LEON SUITE 301		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP	
TITLE V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE John Aguirre VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KELLER, CLOTILDE C		2.2 NAME John Aguirre	
STREET ADDRESS 901 PONCE DE LOEN BLVD SUITE 501		2.3 STREET ADDRESS 901 Ponce de Leon Blvd, #301	
CITY-ST-ZIP CORAL GABLES FL		2.4 CITY-ST-ZIP Coral Gables, FL	
TITLE VP	<input checked="" type="checkbox"/> DELETE	3.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RUBENS, GARY S		3.2 NAME Xiomara Menendez	
STREET ADDRESS 901 PONCE DE LEON BLVD SUITE 301		3.3 STREET ADDRESS 901 Ponce de Leon Blvd, #301	
CITY-ST-ZIP CORAL GABLES FL		3.4 CITY-ST-ZIP Coral Gables, FL	
TITLE AVP	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAVIS, JACQUELINE		4.2 NAME	
STREET ADDRESS 901 PONCE DE LEON BLVD SUITE 301		4.3 STREET ADDRESS	
CITY-ST-ZIP CORAL GABLES FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: _____ **1/15/98 (305) 461-0000 EXT 130**

CFR2E034 (10/97)