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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # M33538 (3)

1. Corporation Name
INTEGRITY MORTGAGE CORP.

Principal Place of Business: **C/O PEDRO L. CARRILLO, 780 NW 42ND AVE., SUITE 403, MIAMI FL 33126-5536**

Mailing Address: **C/O PEDRO L. CARRILLO, 780 NW 42ND AVE., SUITE 403, MIAMI FL 33126-5536**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Reinstatement: **06/11/1986**

3a. Date of Last Report: **04/29/1994**

4. FFI Number: **59-2682641**

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

6. This corporation has submitted for filing its tax returns: **\$5.00 May Be Added to Fees**

6. This corporation has liability for intangible tax under S. 190.022 Florida Statutes: Yes No

2. Principal Place of Business (21-24)

2a. Mailing Address (25-29)

21. State: **FL**

22. County: **MIAMI**

23. City: **MIAMI**

24. Zip: **33126**

25. State: **FL**

26. County: **MIAMI**

27. City: **MIAMI**

28. Zip: **33126**

29. State: **FL**

30. County: **MIAMI**

31. City: **MIAMI**

32. Zip: **33126**

9. Name and Address of Current Registered Agent

**CARRILLO, PEDRO L.
780 NW 42ND AVE,
SUITE 403
MIAMI FL**

10. Name and Address of New Registered Agent

B1. Name: _____

B2. Street Address (P.O. Box Number is Not Applicable): _____

B3. _____

B4. City: _____

B5. State: **FL**

11. Pursuant to the provisions of Sections 607.02 and 607.03 of the Florida Statutes, the above named corporation certifies the 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 authorized to accept the resignation of the current registered agent.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ALTERNATE OFFICERS, DIRECTORS, AND OTHER OFFICERS	
NAME: PD CARRILLO, PEDRO L.	STREET ADDRESS: 780 NW 42ND AVE, #403 MIAMI FL	NAME: _____	STREET ADDRESS: _____
NAME: VD CARRILLO, PEDRO L. JR.	STREET ADDRESS: 520 PINECREST DRIVE MIAMI SPRINGS FL	NAME: _____	STREET ADDRESS: _____
NAME: SD CARRILLO, MARIA E.	STREET ADDRESS: 520 PINECREST DRIVE MIAMI SPRINGS FL	NAME: _____	STREET ADDRESS: _____
NAME: TD CARRILLO, ALBERT A.	STREET ADDRESS: 520 PINECREST DRIVE MIAMI SPRINGS FL	NAME: _____	STREET ADDRESS: _____
NAME: _____	STREET ADDRESS: _____	NAME: _____	STREET ADDRESS: _____
NAME: _____	STREET ADDRESS: _____	NAME: _____	STREET ADDRESS: _____
NAME: _____	STREET ADDRESS: _____	NAME: _____	STREET ADDRESS: _____
NAME: _____	STREET ADDRESS: _____	NAME: _____	STREET ADDRESS: _____

14. I hereby certify that the information supplied with this filing is substantially true and correct, and that I am duly qualified to act as a registered agent for the corporation. I further certify that the information included 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. I am an officer or director of the corporation or the manager or treasurer responsible for filing this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an affidavit with an address.

SIGNATURE: *Pedro Carrillo* **PEDRO L. CARRILLO** 4/28/95 305-447-1441

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR