

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLOIDA 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**

3. Date Incorporated or Qualified: **06/11/1986** 3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2682641** Applied For: Not Applicable:

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

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

2. Principal Place of Business: **21 782 NW 42 AVE.**
Suite, Apt. #, etc.: **22 # 428-A**
City & State: **23 MIAMI FL**
Zip: **24 33126** Country: **25**

2a. Mailing Address: **26 SAME AS 2**
Suite, Apt. #, etc.: **27**
City & State: **28**
Zip: **29** Country: **30**

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
81 Name: PEDRO L. CARRILLO
82 Street Address (P.O. Box Number is Not Acceptable): 782 NW 42 AVE. # 428-A
83
84 City: MIAMI **85 Zip Code: FL 33126**

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 _____ DATE _____
Signature typed or printed. Name of registered agent and title of agent. Name of registered agent, signature typed when remaining. DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CARRILLO, PEDRO L.	
STREET ADDRESS	780 NW 42ND AVE., #403	
CITY - ST - ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CARRILLO, PEDRO L. JR	
STREET ADDRESS	520 PINECREST DRIVE	
CITY - ST - ZIP	MIAMI SPRINGS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CARRILLO, MARIA E.	
STREET ADDRESS	520 PINECREST DRIVE	
CITY - ST - ZIP	MIAMI SPRINGS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CARRILLO, ALBERT A.	
STREET ADDRESS	520 PINECREST DRIVE	
CITY - ST - ZIP	MIAMI SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	782 NW 42 AVE. # 428-A
1.4 CITY - ST - ZIP	MIAMI FL 33126
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)