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FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 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**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	782 NW 42 AVE.	26	782 NW 42 AVE	06/11/1986	05/01/1996
22. #428-A		27. #428-A		4. FEI Number	Applied For
23. City & State		28. City & State		59-2682641	Not Applicable
24. Zip	Country	29. Zip	Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CARRILLO, PEDRO L. 780 NW 42ND AVE, SUITE 403 MIAMI FL				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	PD	<input type="checkbox"/> DELETE	1.1 TITLE	782 N.W. 42 AVE. #428-A			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRILLO, PEDRO L.		1.2 NAME				
STREET ADDRESS	780 NW 42ND AVE, #403		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRILLO, PEDRO L. JR		2.2 NAME				
STREET ADDRESS	520 PINECREST DRIVE		2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI SPRINGS FL		2.4 CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRILLO, MARIA E.		3.2 NAME				
STREET ADDRESS	520 PINECREST DRIVE		3.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI SPRINGS FL		3.4 CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRILLO, ALBERT A.		4.2 NAME				
STREET ADDRESS	520 PINECREST DRIVE		4.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI SPRINGS 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 do 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: *Pedro Carrillo* PEDRO L. CARRILLO 4/28/97 305-447-1441

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

CR2E034 (9/96)