FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 9:45

DOCUMENT # **M62170** **(9)**

1. Corporation Name
USA MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
782 NW LEJEUNE RD., SUITE 529 MIAMI FL 33126	782 NW LEJEUNE RD., SUITE 529 MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/06/1987
3a. Date of Last Report: 06/24/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 65-0015051 — 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AGUDO, MARCELO M ESQ. 1647 S.W. 27TH AVE. MIAMI FL 33145	81 Name: RICHARD C. POLLOCK, ESQUIRE 82 Street Address (P.O. Box Number is Not Acceptable): 7700 NORTH KENDALL DRIVE 83: SUITE 515 84 City: MIAMI FL 85 Zip Code: 33156

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: RICHARD C. POLLOCK, ESQUIRE — 1/13/95
(Signature, Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent Signature required) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	11 TITLE	VP/S/D	☒ Change ☐ Addition
NAME	AGUDO, LILI P	12 NAME	AGUDO, LILI P.	
STREET ADDRESS	782 NW LEJEUNE RD., #529	13 STREET ADDRESS	782 NW LE JEUNE RD., #529	
CITY-ST-ZIP	MIAMI FL	14 CITY ST ZIP	MIAMI, FL 33126	
TITLE	PD	21 TITLE	P/T/D	☒ Change ☐ Addition
NAME	SUAREZ, MARIO	22 NAME	PUJOL, ROSA B.	
STREET ADDRESS	782 NW LEJEUNE RD., #529	23 STREET ADDRESS	782 NW LE JEUNE RD., #529	
CITY-ST-ZIP	MIAMI FL	24 CITY ST ZIP	MIAMI, FL 33126	
TITLE	STD	31 TITLE		☒ Change ☐ Addition
NAME	PUJOL, ROSA	32 NAME		
STREET ADDRESS	782 NW LEJEUNE RD., #529	33 STREET ADDRESS	(SUAREZ, M. RESIGNED 1/2/95)	
CITY-ST-ZIP	MIAMI FL	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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: LILI P. AGUDO — 1/11/95 — (305)444-0556
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone)

0121937 CP