

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 FEB -9 PM 4:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA



01302004 Chg-P CR2E034 (10/03)

DOCUMENT # P02000022068					
1. Entity Name BANIF MORTGAGE COMPANY					
Principal Place of Business 1001 BRICKELL BAY DRIVE SUITE 1712 MIAMI, FL 33131			Mailing Address 1001 BRICKELL BAY DRIVE SUITE 1712 MIAMI, FL 33131		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 32-0006395	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NS CORPORATE SERVICES INC. 501 BRICKELL KEY DRIVE SUITE 400 MIAMI, FL 33131			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DE ALMEIDA, CARLOS DAVID D	NAME	500028661975		
STREET ADDRESS	1001 BRICKELL BAY DRIVE SUITE 1712	STREET ADDRESS	02/12/04--01038--011 **158.75		
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP			
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	DCEO/CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DE ARAUJO DIAS, GONCALO C	NAME	CAPELA, SERGIO		
STREET ADDRESS	1001 BRICKELL BAY DRIVE SUITE 1712	STREET ADDRESS	1001 Brickell Bay Dr, Miami 33131		
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP			
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FINOCCHIARO, ALFONSO G	NAME	RODRIGUES, JULIO		
STREET ADDRESS	1001 BRICKELL BAY DRIVE SUITE 1712	STREET ADDRESS	1001-Brickell-Bay-Dr, Miami, 33131		
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP			
TITLE	STD <input type="checkbox"/> Delete	TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CORTES, ALVARO	NAME	CORTES, ALVARO		
STREET ADDRESS	1001 BRICKELL BAY DRIVE SUITE 1712	STREET ADDRESS	1001 Brickell Bay Dr., Miami 33131		
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEL PRIORE, HUGHO BARRETO	NAME			
STREET ADDRESS	1001 BRICKELL BAY DRIVE SUITE 1712	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:		ALVARO CORTES		Date: 2/2/04 Daytime Phone #: (305) 377-2198	