## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P96000083099**1. Corporation Name

FINANCIAL FIRST MORTGAGE CORPORATION

## **FILED** Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90053 020 \*\*\*150.00



Principal Plac	ce of Business	Mailing Address		4 100 tingt 110 to 100 ortil sour 00113 o	8141 88486 18188 11411 88118		
11645 BISCAYNE BLVD SUITE 309 11645 BISCAYNE BLVD SUI'NORTH MIAMI FL 33181 NORTH MIAMI FL 33181			ITE 309				
				DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed		•	
				10/03/1996			
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		Ар	plied For	٠.
21		26		NOT APPLICABLE	<del></del>	t Applicable	3
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired			ىن
City & State		City & State	·	6. Election Campaign Financing \$5.00 May Be			
23		28		Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip	Country	8. This corporation owes the current		<b></b>	ļ
24	25		30	Personal Property Tax.		□No	<b>%</b> ===
<del></del>	9. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New Reg	istered Agent		l
DEI	MAZO, ALEXANDER		oi Name				
11645 BISCAYNE BLVD., SUITE 309			82 Street Add	iress (P.O. Box Number is Not Acceptable	)		
	RTH MIAMI FL 33181		83	हा उन्हेंस्त्र , केन देह देखा प्रकार स्ट्रॉस	el distribution	146 28 281	l
			84 City	A STATE OF THE STATE OF THE STATE OF	FL 85 Zip C	ode """	
" office or	registered agent, or both, in the St	ate of Florida. Such change was au	thorized by the corporat	poration submits this statement for the pur ion's board of directors. I hereby accept the	rpose of changing its ne appointment as rec	registered gistered	
	·	ligations of, Section 607.0505, Flori	da Statutes.				
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE:	Registered Agent signature requir	ed when reinstating)	DATE		5
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC			ğ
TITLE	V	☐ DELETE	1,1 TITLE	NOT PERCHAELE	☐ Change	Addition	=
NAME	CARDIN, ISIDRO		1.2 NAME		•	•	5
STREET ADDRESS	11645 BISCAYNE BLVD., SU	JITE 309	1.3 STREET ADDRESS				ļ
CITY-ST-ZIP	NORTH MIAMI FL		1.4 CITY-ST-ZIP		Chance	. D Addition	٥
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change	·   Addition	
NAME	DEL MAZO, ALEXANDER		2.2 NAME			_	
STREET ADDRESS	,	JITE 309	2.3 STREET ADDRESS				
CITY-ST-ZIP	NORTH MIAMI FL	☐ DELETE	2.4 CITY-ST-ZIP		Change	Addition	
TITLE		_ טבנבונ	3.1 TITLE 3.2 NAME		Cl aurina		
NAME ADDRESS			3.3 STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	· }-		3.4. CITY-ST-ZIP			4, 13	
TITLE		☐ DELETÉ	4.1 TITLE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Change	Addition	
NAME			4, 2 NAME				
STREET ADDRESS	s		4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS	s .		5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP	TO A LIB CASS			
TITLE		DELETE	6.1 TITLE		, ☐ Change	☐ Addition	١.
NAME			6.2 NAME		,		
	1		6.3 STREET ADDRESS		, . ,		ı

14. 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

