

FILED

Jun 03 1998 8:00am
Secretary of State

FILE NOW: FILING FEE AFTER MAY 1ST IS \$650.00

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000021371

All American Mtg Bank, Inc.

Principal Place of Business: 1876 N. University Dr, Suite # 308-G, Sunrise, FL 33322

Mailing Address: 3670 SW 23 ST, FT. LAUDERDALE, FL 33312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 3-7-1997

4. FTL Number: 65-0735400

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

6. Election Campaign Financing: \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year's (state) Personal Property Tax due June 30: Yes No

21. Principal Place of Business: 1876 N. University Dr, Suite Apt. #, etc: 308-G

22. City & State: Sunrise, FL

23. Zip: 33322

24. Country: USA

25. Mailing Address: 3670 SW 23 ST, Suite Apt. #, etc

26. City & State: FT LAUDERDALE, FL

27. Zip: 33312

28. Country

9. Name and Address of Current Registered Agent: Colletti, R. Joseph, 3550 Biscayne Blvd, Suite #600, Miami, FL 33317

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City: FL

05 Zip Code

11. Pursuant to the provisions of Sections 807.0812 and 807.1508, 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 and familiar with and accept the obligations of Section 807.0805, Florida Statutes.

SIGNATURE: [Signature] (INC) Registered Agent signature (optional when "change") DATE:

12. OFFICERS AND DIRECTORS

TITLE: Director	NAME: IRFAN, HASAN MOHAMMAD	STREET ADDRESS: 4322 SW 52ND STREET	CITY, ST, ZIP: FT. LAUDERDALE, FL 33314	<input checked="" type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY, ST, ZIP:	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY, ST, ZIP:	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY, ST, ZIP:	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (1-12)

1.1 TITLE: DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME: TARIQ HUSSAIN	
1.3 STREET ADDRESS: 3670 SW 23 ST	
1.4 CITY, ST, ZIP: FT. LAUDERDALE, FL 33312	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME:	
2.3 STREET ADDRESS:	
2.4 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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[Signature]

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(f), Florida Statutes. I further certify that no 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. See an official or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes, and that my name appears on Book 12 of Pages 134 changed or on an attachment with an address.

SIGNATURE: [Signature] TARIQ HUSSAIN

CR2E034 (10/97)