

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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra D. Moitham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 01 1998 8:00 am
Secretary of State

DOCUMENT # P97000039220 (3)

1. Corporation Name
UNIFIRST MORTGAGE BANKERS, INC.

Principal Place of Business Mailing Address
9360 SUNSET DRIVE
SUITE 245
MIAMI, FL 33173

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 P.O. BOX 830241
22 City & State 27 Suite, Apt. #, etc.
23 Zip 28 MIAMI, FL 33283-0241
24 Country 29 33283-0241 30 DADE

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified 05/01/1997
4. FIC Number 65-0756892 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
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
OTTO A. GONZALEZ, SR.
9851 S.W. 121 AVENUE
MIAMI, FL 33186

81 Name BIBIANA PENA
82 Street Address (P.O. Box Number is Not Acceptable) 10034 HAMMOCKS BLVD. #102
83
84 City MIAMI FL 85 Zip Code 33196

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 *Bibiana Pena* BIBIANA PENA DATE 6/10/98

13. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OTTO A. GONZALEZ, SR.	
STREET ADDRESS	9851 S.W. 121 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	BIBIANA PENA	
13 STREET ADDRESS	10034 HAMMOCKS BLVD. #102	
14 CITY-ST-ZIP	MIAMI, FL 33196	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: *Bibiana Pena* BIBIANA PENA

6-10-98