03-05-1999 90037 028 \*\*\*150.00

## 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

<ol> <li>Corporation</li> </ol>	DADE MORTGAGE GROUI								
Principal Place	e of Business	Mailing Address							0 18 H\$1 (88)
13242 NW 10 TI	ERRACE	13242 NW 10 TERRA	CE						
MIAMI FL 33182		MIAMI FL 33182	-					_	
						DO NOT WRITE	E IN THIS SPAC	)E	
						3. Date Incorporated or Qualifed 05/13/1997			
a Principal P	lace of Business	2a. Mailing Address	<del></del>			4. FEI Number		App	lied For
21	lado de Basilloso	26	-			65-0752237	ľ	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, et	c.				\$8	3.75 A	dditional
22		27				5. Certifcate of Status Desired		Fee Rec	quired
City & State	e	City & State				6. Election Campaign Financing	\$	5.00 A	May Be
23	_	28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Co	untry		8. This corporation owes the current			Ì
24	25	29	30			Personal Property Tax.	Y		□No
	9. Name and Address of Curre	ent Registered Agent		041 41		10. Name and Address of New Re	gistered Agen	t	
OI IRI	O, MICHAEL P			81 Na	me				]
	2 NW 10 TERRACE			82 Str	eet Addre	ss (P.O. Box Number is Not Acceptab	ole)		
	#I FL 33182			83					
HUSH	M 1 E 00 102			83					
				84 Cit	y		FL 85	Zip C	ode
14 Pursuant	to the provisions of Sections 607.05	502 and 607 1508 Florida	Statutes the	abovo par	and corpo	rotion cubmits this statement for the n	urnose of chan	aina its r	registered
office or n agent. I a	egistered agent, or both, in the Stat m familiar with, and accept the oblig	te of Florida, Such change,	was authorize	d by the c	corporation	n's board of directors. I hereby accept	the appointmen	nt as reg	istered
office or r agent. I a SIGNATURE	edistered agent or both in the Stat	te of Florida. Such change gations of, Section 607.050	was authorize	d by the d tutes.	corporation	when reinstating)	DATE		
office or r agent. I a SIGNATURE	registered agent, or both, in the Stat m familiar with, and accept the oblig Signature, typed or printed name of registered are OFFICERS A	te of Florida. Such change gations of, Section 607.050 gent and title if applicable.  AND DIRECTORS	was authorize 05, Florida Sta (NOTE: Registere	d by the c tutes. d Agent signa	corporation	n's board of directors. I hereby accept	DATE	RECTOR	RS IN 12
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CITY-ST-ZIP 14. 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.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS