Mar 10, 1999 8:00 am Secretary of State

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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

1. Corporation Name

| FIRST E | QUITY MORTGAGE COMPA | ANY | | | | |
|--|---|------------------------------------|--|---|-----------------------------|-------------------|
| Principal Place | e of Business | Mailing Address | | I SOUCHER IN COUR LOUGH BOTH ABILI DANN | 88191 18191 11991 BIRIL 891 | 100 1141 1001 |
| 7446 SW 48TH STREET 7446 SW 48TH STREET | | | | | | |
| MIAMI FL 33155 MIAMI FL 33155 | | | | DO NOT WRITE IN THIS SPACE | | • |
| US US | | | | 3. Date Incorporated or Qualifed | HIS STACE | |
| | | · | | 09/18/1997 | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | 4. VEI Number | Appli | ed For |
| 21 | | | | 65-0782023 | | Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Add | | |
| 22 | | | | | Fee Requ | |
| City & State | | | | 6. Election Campaign Financing | \$5.00 M | - , |
| 23 | | 28 | Country | Trust Fund Contribution | Added to I | rees |
| Zip | Country | Zip | 一 ′ | 8. This corporation owes the current year | |]No |
| 24 | 9. Name and Address of Currer | | 30 | Personal Property Tax. 10. Name and Address of New Registe | | 3,110 |
| | 9. Name and Address of Currer | it Kadistalan Ydalit | 81 Name | O - 1 | | |
| ROD | RIGUEZ, DANIEL | | | ostiques, Wanel | | |
| 3360 CORAL WAY | | | 82 Street Addr | ress (P.O. Box Number is Not Acceptable) | | |
| SUIT | | | 83 | 16 300 4024 | - | |
| MIAMI FL 33145 | | | | | | |
| | | | 84 City | ~ | ا S کرین | |
| 11 Durayant | to the provisions of Sections 607 050 | 12 and 607 1508. Florida Statute | a the charge second core | position submits this statement for the purpos | e of changing its re | nistered |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | |
| | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered age | nt and title if applicable. (NOTE: | Registered agent signature require | ad when reinstating) DAT | 18 19 - | — } |
| 12. | | ID DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICER | S AND DIRECTORS | S IN 12 |
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | ☐ Change | ☐ Addition |
| NAME | RODRIGUEZ, DANIEL 7446 SW 48TH STREET, UNIT 32 MIAMI FL 33155 | | 1.2 NAME | | | • |
| STREET ADDRESS | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 1.4 CITY-ST-ZIP | _ | | |
| TITLE | | ☐ DELETE | 2.1 TITLE | | ☐ Change | ☐ Addition |
| NAME | | | 2.2 NAME | | | i |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | | ł |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP | س . | | ٠ -] |
| TITLE | | ☐ DELETE | 3.1 TITLE | | ☐ Change | ☐ Addition |
| NAME | | | 3.2 NAME | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | • | |
| CITY-ST-ZIP | | | 3.4. CITY- \$T- ZIP | | _ | |
| TITLE | | □ DELETE | 4.1 TITLE | | ☐ Change | ☐ Addition |
| NAME | | ☐ DECE IC | | | | ļ |
| STREET ADDRESS | | □ pere⊥e | 4, 2 NAME | | | |
| CITY-ST-ZIP | | □ DECE IE | 4. 2 NAME 4.3 STREET ADDRESS | | | 1 |
| | | □ DELETE | | _ | | |
| TITLE | | DELETE | 4.3 STREET ADDRESS | | ☐ Change | Addition |
| TITLE NAME | | | 4.3 STREET ADORESS 4.4 CITY-ST-ZIP | | ☐ Change | Addition |
| 1 | | | 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE | | Change | Addition |
| NAME STREET ADDRESS | | | 4.3 STREET ADORESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME | | ☐ Change | Addition |
| NAME | | | 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS | | ☐ Change | Addition Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | | ☐ DELETE | 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | | , |

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 will not address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

305 666 353.5