

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90187 025 \*\*\*150.00

**DOCUMENT # P97000101756**

1. Entity Name  
**MAGELLAN INTERNATIONAL MORTGAGE CORP.**

Principal Place of Business 50 WEST MASHTA DRIVE SUITE 4 KEY BISCAIYNE FL 33149	Mailing Address 50 WEST MASHTA DRIVE SUITE 4 KEY BISCAIYNE FL 33149-2431
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 260 Crandon Blvd. Ste 9 Suite, Apt. #, etc. Ste 9 City & State Key Biscayne, FL Zip 33149 Country USA	3. Mailing Address 260 Crandon Blvd Suite, Apt. #, etc. Ste 9 City & State Key Biscayne, FL Zip 33149 Country USA
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4. FEI Number 65-0805179	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**SALAZAR, LISETTE**  
**C/O ROBERTS & SALAZAR, L.L.P.**  
**50 WEST MASHTA DRIVE SUITE 2**  
**KEY BISCAIYNE FL 33149**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City <b>FL</b> Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OCHOA, INES</b> <b>6480 SW 32 STREET</b> <b>MIAMI FL 33155</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SOMARRIBA, MARIA E</b> <b>1029 SEVILLA AVENUE</b> <b>CORAL GABLES-FL 33134</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SOMARRIBA, CARMEN L</b> <b>1029 SEVILLA AVENUE</b> <b>CORAL GABLES FL 33134</b> <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Carmen Somarriba Date: 4/20/00 Daytime Phone #: (305) 361-2323  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR