**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P98000011852

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90015 028 \*\*\*150.00

AJVIERIFII	HST HUME MUNTGAGE C	OKP.						
Principal Place of Business Mailing			ing Address			i indiindi tab sasat matti aatti aatti matti	: 00101   301   001  0101	)111 <b>0</b> 1101 1001
9240 SUNSET D	RIVE	9240 SUNSET DRIVE						
#205		#205				DO NOT WRITE IN	THIS SPACE	
MIAMI FL 33173 MIAMI FL 33173					3. Date Incorporated or Qualifed	THIS SEACE		
						02/05/1998		
2 Principal Pl	ace of Business	2a. Mailing	Address			4. FEI Number	Apr	olied For
21	ade of Edomedo	26				65-0810862	Not	Applicable
Suite, Apt.	#, etc.		Apt. #, etc.	<del></del>			\$8.75 A	dditional
22	•	27	27			5. Certifcate of Status Desired	Fee Re	quired
City & State	•		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added to	Fees
Zip	Country Zip			Country		8. This corporation owes the current ye		
24	25 29 30		<u>o†                                    </u>		Personal Property Tax. ☑ Yes ☐ No			
	9. Name and Address of Curre	nt Registered Ag	gent			10. Name and Address of New Regist	ered Agent	
1 4 7 4	IRO, ENRIQUE			81	Name			
	· · · · · · · · · · · · · · · · · · ·		Ţ		Street Addr	ress (P.O. Box Number is Not Acceptable)	3,000	
7575 W FLAGLER #200				-				
#200 MIAMI FL 33144				83				
1401/311	H 1 C 50177			84	City		FL 85 Zip C	ode
		00 and 607 1509	Florida Statutos	the show	named com	poration submits this statement for the purpo		registered
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida, Such ations of, Section	607.0505, Florid	a Statutes	the corporation	on's board of directors. I hereby accept the	appointment as reg	istered
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 12
TITLE	PD DELETE 1.		1.1 TITLE			☐ Change	Addition	
NAME	PEREZ, ALEJANDRO E		1.2 NAME					
STREET ADDRESS	10272 SW 27 STREET 13		1.3 STREET	T ADDRESS				
CITY-ST-ZIP	MIAMI FL 33165		1.4 CITY-S	T-ZIP				
TITLE			2.1 T∤TLE			Change	☐ Addition	
NAME	PEREZ, ILDEFONSO 2.23		2.2 NAME				1	
STREET ADDRESS			2.3 STREET	TADDRESS			{	
CITY-ST-ZIP	MIAMI FL 33165 2.4		2, 4 CITY-S	ST-ZIP				
TITLE	VD □ DELETE 3.1		3.1 TITLE				☐ Addition	
NAME	FERNANDEZ, JUAN A			3.2 NAME				
STREET ADDRESS	1224 SW 143 COURT			3.3 STREET	T ADDRESS			
CITY-ST-ZIP	MIAMI FL 3318#			3.4. CITY- S	T-ZIP	33184		
TITLE			DELETE	4.1 TITLE		•	☐ Change	Addition
NAME				4.2 NAME				
STREET ADDRESS				4.3 STREET	T ADDRESS			
CITY-ST-ZIP				4.4 CITY-S	T-ZIP			
TITLE	<del></del>		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME				52 NAME		<u>.</u>	•	
STREET ADDRESS				5.3 STREET				
CITY-ST-ZIP				5.4 CITY-S	T-ZIP			
TITLE			□ DELETE	6.1 TITLE	ı		Change	☐ Addition

CITY-ST-ZIP 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 with an address, with all other like empowered.

6 3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR