

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S40509 (9)**

1. Corporation Name

**INTERNATIONAL MORTGAGE TRUST CORP.**



Principal Place of Business

Mailing Address

15348 NW 79 CT.  
MIAMI LAKES FL 33016  
US

8525 N.W. 165TH ST.  
MIAMI FL 33016

|    |                                |    |                     |
|----|--------------------------------|----|---------------------|
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address |
|    | 15348 NW 79 CT                 |    | 15476 NW 77 CT      |
| 22 | Suite, Apt. #, etc.            | 27 | Suite, Apt. #, etc. |
|    |                                |    | # 330               |
| 23 | City & State                   | 28 | City & State        |
|    | Miami Lakes FL                 |    | Miami Lakes FL      |
| 24 | Zip                            | 29 | Zip                 |
|    | 33016                          |    | 33016               |
| 25 | Country                        | 30 | Country             |
|    | US                             |    | US                  |

|   |                                |
|---|--------------------------------|
| 3. Date Incorporated or Qualified   | 3a. Date of Last Report        |
| 03/26/1991  | 04/28/1995                     |
| 4. FEI Number   | Applied For                    |
| 65-0346652  | Not Applicable                 |
| 5. Certificate of Status Desired  | \$8.75 Additional Fee Required |
| <input type="checkbox"/>  |                                |
| 6. Election Campaign Financing Trust Fund Contribution  | \$5.00 May Be Added to Fees    |
| <input type="checkbox"/>  |                                |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PENATE HORTENSIA  
8525 NW 165 ST  
MIAMI FL 33016

|    |  |
|----|--|
| 81 | Name   |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |  |
| 84 | City   |
| 85 | Zip Code   |
|    | FL   |

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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-------------------|---|--|
| TITLE                      | PVTS              | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PENATE, HORTENSIA | 1.2 NAME  |  |
| STREET ADDRESS             | 8525 NW 165 ST    | 1.3 STREET ADDRESS                                    | Penate Hortensia   |
| CITY-ST-ZIP                | MIAMI FL 33016    | 1.4 CITY-ST-ZIP                                       | 15476 NW 77 CT # 330<br>Miami Lakes FL 33016                                 |
| TITLE                      |                   | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                   | 2.2 NAME  |  |
| STREET ADDRESS             |                   | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                   | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                   | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                   | 3.2 NAME  |  |
| STREET ADDRESS             |                   | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                   | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                   | 4.2 NAME  |  |
| STREET ADDRESS             |                   | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                   | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                   | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                   | 5.2 NAME  |  |
| STREET ADDRESS             |                   | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                   | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                   | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                   | 6.2 NAME  |  |
| STREET ADDRESS             |                   | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                   | 6.4 CITY-ST-ZIP                                       |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Hortensia Penate*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96 305-826-3915  
Date Daytime Phone #

CR2E034 (12/95)