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CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 AM 8:33

DOCUMENT # **F94000002949 (5)**

1. Corporation Name

PREFERRED INTERNATIONAL MORTGAGE CORP.

Principal Place of Business	Mailing Address
791 DE DIEGO AVE. CAPARRA TERRACE PR 00921	791 DE DIEGO AVE. CAPARRA TERRACE PR 00921

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/06/1994** | 3a. Date of Last Report:

2. Principal Place of Business (21) | 2a. Mailing Address (26) | 4. FEI Number: **66-0433589** | Applied For | Not Applicable

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27) | 5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

City & State (23) | City & State (28) | 6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

Zip (24) / Country (25) | Zip (29) / Country (30) | 8. This corporation has liability for intangible tax under S. 199.023 Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DE LOURDES DIAZ, MARIA 1025 S. SEMORAN BLVD., #38 WINTER PARK FL 32792	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 _____
(Applicant must be printed name of registered agent and the date.) (If agent is a corporation, the name and title of the officer.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (OPTIONAL)	
TITLE	PTDC	1 Title	[ ] Change [ ] Addition
NAME	SALTZ, CARLOS	2 Name	
STREET ADDRESS	MONROE L-11 PARKVILLE	3 Street Address	
CITY-ST-ZIP	GUAYNABO PR 00969	4 City-St-Zip	
TITLE	SD	5 Title	[ ] Change [ ] Addition
NAME	SALTZ, MARTA	6 Name	
STREET ADDRESS	MONROE L-11 PARKVILLE	7 Street Address	
CITY-ST-ZIP	GUAYNABO PR 00969	8 City-St-Zip	
TITLE	VD	9 Title	[ ] Change [ ] Addition
NAME	GANAPOLSKY, ISRAEL	10 Name	
STREET ADDRESS	M-26 CERRO REAL DEV	11 Street Address	
CITY-ST-ZIP	GUAYNABO PR 00969	12 City-St-Zip	
TITLE		13 Title	[ ] Change [ ] Addition
NAME		14 Name	
STREET ADDRESS		15 Street Address	
CITY-ST-ZIP		16 City-St-Zip	
TITLE		17 Title	[ ] Change [ ] Addition
NAME		18 Name	
STREET ADDRESS		19 Street Address	
CITY-ST-ZIP		20 City-St-Zip	
TITLE		21 Title	[ ] Change [ ] Addition
NAME		22 Name	
STREET ADDRESS		23 Street Address	
CITY-ST-ZIP		24 City-St-Zip	

14. I do hereby certify that the information supplied with this filing is true and accurate. For profit corporations only, the mailing address provided is the current mailing address for the corporation's principal place of business as shown on its records. 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 12 or Block 13 above, if applicable, or on an attachment with an address.

SIGNATURE: Carlos Saltz 1/14/95 (801) 752-7058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0433332 FN