

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

APPROVED  
AND  
FILED

1996 MAY -1 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|                                             |                                                                                   |                                                                                                   |
|---------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1996 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Morham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|

DOCUMENT # 855091 (5)

1. Corporation Name

SOCIEDAD FINANCIERA HIPOTECARIA, SOCIEDAD ANONIM  
A, INC.

Principal Place of Business

Mailing Address

765 N.W. 37 AVE  
SUITE 258  
MIAMI FL 33125

765 N.W. 37 AVE  
SUITE 258  
MIAMI FL 33125

3. Date Incorporated or Qualified  
12/23/1982

3a. Date of Last Report  
09/13/1995

4. FEI Number

65-0037223

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRANADOS, MOISES  
765 N.W. 37 AVE.  
SUITE 258  
MIAMI FL 33125

81 Name

AMERILAWYER

82 Street Address (P.O. Box Number is Not Acceptable)

c/o Lawrence J. Spiegel

83

343 Almeria Avenue

84 City

Coral Gables

FL

85

Zip Code  
33134

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Amerilawyer Chartered

President

4/29/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | VSD                      | <input type="checkbox"/> DELETE |
| NAME           | GRANADOS, MOISES         |                                 |
| STREET ADDRESS | EDIF DOMINO 30 PANAMA    |                                 |
| CITY- ST- ZIP  | PANAMA                   |                                 |
| TITLE          | VSP                      | <input type="checkbox"/> DELETE |
| NAME           | CEPERO, MANUELO          |                                 |
| STREET ADDRESS | 765 NW 37 AVE            |                                 |
| CITY- ST- ZIP  | MIAMI FL                 |                                 |
| TITLE          | VS                       | <input type="checkbox"/> DELETE |
| NAME           | FIGUERO, CRISTOBAL       |                                 |
| STREET ADDRESS | 765 NW 37 AVE, SUITE 258 |                                 |
| CITY- ST- ZIP  | MIAMI FL                 |                                 |
| TITLE          |                          | <input type="checkbox"/> DELETE |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY- ST- ZIP  |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> DELETE |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY- ST- ZIP  |                          |                                 |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY- ST- ZIP  |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY- ST- ZIP  |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY- ST- ZIP  |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY- ST- ZIP  |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY- ST- ZIP  |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MOISES GRANADOS

Date

Daytime Phone #

4/29/96

CR2E034 (12/95)