

**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 # **591699** (4)  
1. Corporation Name  
**SERVICE MORTGAGE CORPORATION**



Principal Place of Business: **9065 S.W. 87TH AVE., STE. 101 MIAMI FL 33176**  
Mailing Address: **9065 S.W. 87TH AVE., STE. 101 MIAMI FL 33176**

3. Date Incorporated or Qualified: **10/31/1978**  
3a. Date of Last Report: **01/04/1995**  
4. FEI Number: **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: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
Suite, Apt. #, etc.  
City & State  
Zip Country

9. Name and Address of Current Registered Agent  
**SANCHEZ, RICHARD  
9065 S.W. 87TH AVE.  
SUITE 101  
MIAMI FL 33176**

10. Name and Address of New Registered Agent  
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 607.1508, 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 of principal place of business agent (if applicable) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SANCHEZ, RICHARD	
STREET ADDRESS	9075 SW 87TH AVE. STE. 400	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SANCHEZ, MAGALY	
STREET ADDRESS	9075 SW 87TH AVE. STE. 400	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, ADA	
STREET ADDRESS	9075 SW 87TH AVE., STE.400	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SANCHEZ, RICHARD	
1.3 STREET ADDRESS	9065 S.W. 87TH AVE. STE. 101	
1.4 CITY-ST-ZIP	MIAMI, FL 33176	
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SANCHEZ, MAGALY	
2.3 STREET ADDRESS	9065 S.W. 87TH AVE. STE. 101	
2.4 CITY-ST-ZIP	MIAMI, FL 33176	
3.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RODRIGUEZ, ADA	
3.3 STREET ADDRESS	9065 S.W. 87TH AVE. STE. 101	
3.4 CITY-ST-ZIP	MIAMI, FL 33176	
4.1 TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SANCHEZ, GILBERT	
4.3 STREET ADDRESS	9065 S.W. 87TH AVE. STE. 101	
4.4 CITY-ST-ZIP	MIAMI, FL 33176	
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 on an alternate page with an address.

SIGNATURE: *[Signature]* **2/22/96** (305) 274-3197  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Mo-Year #

CR2E034 (12/95)