

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H24248 (7)  
1. Corporation Name  
MIAMI MORTGAGE STORE, INC.

Principal Place of Business  
8300 W FLAGLER ST. S130  
MIAMI FL 33144-9367

Mailing Address  
8300 W FLAGLER ST. S130  
SUITE 165  
MIAMI FL 33144-9367  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8300 W. Flagler St. Suite, Apt. #, etc. 22 Suite 122 City & State 23 Miami, Florida Zip 24 33144 Country 25 USA		2a. Mailing Address 26 8300 W. Flagler St. Suite, Apt. #, etc. 27 Suite 122 City & State 28 Miami, Florida Zip 29 33144 Country 30 USA		3. Date Incorporated or Qualified 11/01/1984	
		4. FEI Number 59-2453158		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent PEREZ, ANDRES 9013 S.W. 6TH ST. MIAMI FL 33174		10. Name and Address of New Registered Agent 81 Name 82 Sandra I. Perez 83 Street Address (P.O. Box Number is Not Acceptable) 9013 SW 6 St. 84 City Miami FL 85 Zip Code 33174	
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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 *Sandra I. Perez, President* 2/11/98  
Signature, typed or printed name of the registered agent and his/her title (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT PEREZ, ANDRES	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, ANDRES	1.2 NAME	
STREET ADDRESS	9013 S.W. 6TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	V PEREZ, SANDRA I	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, SANDRA I	2.2 NAME	President
STREET ADDRESS	9013 SW 6TH ST.	2.3 STREET ADDRESS	Perez, Sandra I.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	9013 SW 6 St. Miami FL 33174
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 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.

SIGNATURE *Sandra I. Perez* 2/11/98 305-221-2274

CFR0034 (10/97)