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Apr 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 10511 N. Kendall Drive 26 10511 N. Kendall Drive
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 C-201 27 C-201
City & State City & State
23 Miami, FL 28 Miami, FL
Zip 29 33176 Country 30 Dade
24 33176 25 Dade

3. Date Incorporated or Qualified
10/31/1978
4. FEI Number Applied For
NOT APPLICABLE Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30, ☐ Yes ☐ No

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 Sanchez, Richard
82 Street Address (P.O. Box Number is Not Acceptable)
83 10511 N. Kendall Drive Ste C-201
84 City Miami FL 85 Zip Code 33176

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
TITLE PD
NAME SANCHEZ, RICHARD
STREET ADDRESS 9065 S.W. 87TH AVE., STE. 101
CITY-ST-ZIP MIAMI FL
TITLE STD
NAME SANCHEZ, MAGALY
STREET ADDRESS 9065 S.W. 87TH AVENUE, STE. 101
CITY-ST-ZIP MIAMI FL
TITLE AS
NAME RODRIGUEZ, ADA
STREET ADDRESS 9065 S.W. 87TH AVE., STE 101
CITY-ST-ZIP MIAMI FL
TITLE V
NAME SANCHEZ, GILBERT
STREET ADDRESS 9065 S.W. 87TH AVE., STE.101
CITY-ST-ZIP MIAMI FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PD
1.2 NAME Sanchez, Richard
1.3 STREET ADDRESS 10511 N Kendall Dr. Ste C-201
1.4 CITY-ST-ZIP Miami, FL 33176
2.1 TITLE STD
2.2 NAME Sanchez, Magaly
2.3 STREET ADDRESS 10511 N. Kendall Dr. Ste C-201
2.4 CITY-ST-ZIP Miami, FL 33176
3.1 TITLE AS
3.2 NAME Requena, MaryAnn
3.3 STREET ADDRESS 10511 N. Kendall Dr. Ste C-201
3.4 CITY-ST-ZIP Miami, FL 33176
4.1 TITLE V
4.2 NAME Sanchez, Gilbert
4.3 STREET ADDRESS 10511 N. Kendall DR Ste C-201
4.4 CITY-ST-ZIP Miami, FL 33176
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

4/29/98 2051224 3192

CR2E034 (10/97)