

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90005 007 ***150.00

DOCUMENT # L56428

1. Corporation Name
AIB MORTGAGE COMPANY

Principal Place of Business

2500 NW 79 AVE
MIAMI FL 33122
US

Mailing Address

2500 NW 79 AVE
MIAMI FL 33122
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/07/1990

4. FEI Number

65-0179723

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 owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

CONE, PERRY I
2500 NW 79TH AVE.
MIAMI FL 33122

10. Name and Address of New Registered Agent

81 Name AMKGS REGISTERED AGENTS, INC.
82 Street Address (P.O. Box Number is Not Acceptable)
One S.E. Third Avenue, Suite 1980
83
84 City Miami FL 85 Zip Code 33131

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

April 19, 1999

12. OFFICERS AND DIRECTORS

TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	FERNANDEZ, SERGIO	
STREET ADDRESS	2500 NW 79TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	ASD	<input checked="" type="checkbox"/> DELETE
NAME	SOTO, JOHN	
STREET ADDRESS	2500 NW 79 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	ASDT	<input checked="" type="checkbox"/> DELETE
NAME	TORGAS, ED S.	
STREET ADDRESS	2500 NW 79 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	ALVAREZ, JOSE M.	
STREET ADDRESS	2500 NW 79TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD and Secretary	<input type="checkbox"/> DELETE
NAME	SASTRE, ARISTIDES J	
STREET ADDRESS	2500 NW 79 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CONE, PERRY I	
STREET ADDRESS	2500 NW 79 AVE	
CITY-ST-ZIP	MIAMI FL 33122	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Florentino Diaz	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	President/Treasurer/Director	
1.3 STREET ADDRESS	2500 NW 79 Avenue	
1.4 CITY-ST-ZIP	Miami FL 33122	
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 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, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)