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

0277451

PROFIT
CORPORATION
ANNUAL REPORT
**1999**

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

FILED
99 APR 30 PM 4:09
STATE
TALLAHASSEE, FLORIDA

## DOCUMENT # 855091

1. Corporation Name
**SOCIEDAD FINANCIERA HIPOTECARIA, SOCIEDAD ANONIMA, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| PO BOX 558703<br>MIAMI FL 33255<br>US | PO BOX 558703<br>MIAMI FL 33255<br>US |

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/23/1982

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 owes the current year Intangible Personal Property Tax [ ] Yes ☐ No

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
C/O LAWRENCE J. SPIEGEL
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name Spiegel & Utrera, P.A.
82 Street Address (P.O. Box Number is Not Acceptable) 343 Almeria Avenue
83
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 obligations of s. 607.0505, Florida Statutes

SIGNATURE Spiegel & Utrera, P.A.
By:
Natalia Utrera, Vice-President
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

4/29/99
DATE

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | VSD | ☐ DELETE |
| NAME | GRANADOS, MOISES | |
| STREET ADDRESS | EDIF DOMINO 30 PANAMA | |
| CITY-ST-ZIP | PANAMA | |
| TITLE | VSP | ☐ DELETE |
| NAME | CEPERO, MANUELO | |
| STREET ADDRESS | 765 NW 37 AVE | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | VS | ☐ DELETE |
| NAME | FIGUERO, CRISTOBAL | |
| STREET ADDRESS | 765 NW 37 AVE, SUITE 258 | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 1 1 TITLE | | [ ] Change ☐ Addition |
| 1 2 NAME | | |
| 1 3 STREET ADDRESS | | |
| 1 4 CITY-ST-ZIP | | |
| 2 1 TITLE | | ☐ Change ☐ Addition |
| 2 2 NAME | | |
| 2 3 STREET ADDRESS | | |
| 2 4 CITY-ST-ZIP | | |
| 3 1 TITLE | | [ ] Change ☐ Addition |
| 3 2 NAME | | |
| 3 3 STREET ADDRESS | | |
| 3 4 CITY-ST-ZIP | | |
| 4 1 TITLE | | ☐ Change ☐ Addition |
| 4 2 NAME | | |
| 4 3 STREET ADDRESS | | |
| 4 4 CITY-ST-ZIP | | |
| 5 1 TITLE | | ☐ Change ☐ Addition |
| 5 2 NAME | | |
| 5 3 STREET ADDRESS | | |
| 5 4 CITY-ST-ZIP | | |
| 6 1 TITLE | | [ ] Change ☐ Addition |
| 6 2 NAME | | |
| 6 3 STREET ADDRESS | | |
| 6 4 CITY-ST-ZIP | | |

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****150.00 ****150.00

4/30/99

CR2E034 (11/98)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99
Date

Daytime Phone #