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CORPORATION ANNUAL REPORT



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

1996

1. Corporatio	MENT # 16587 TONE MORTGAGE COMPA	` '				E SERRA MONE OMAN OMAN ARRIVADA			1 TUGU 11314 1881
Principal Place	e of Business	Mailing Address	·						
18305 BISC	AYNE BLVD. 4TH FLOOR BCH. FL 33160	18305 BIŞCAYNE BLY	18305 BISCAYNE BLVD. 4TH FLOOR NO. MIAMI BCH. FL 33160						
						3. Date Incorporated or Qualified	3a. Dat	e of Last R	eport
=						07/24/1951	0	6/13/19	95
- 1	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number 59-0681701	Applied For Not Applicable		
26 26							\$8.75 Additional		
22		27			Certificate of Status Desired			Required	
Oity & State		City & State				6. Election Campaign Financing	n	\$5.0	O May Be
13		28		- 6 -		Trust Fund Contribution		*****	d to Fees
Ζιρ		Ζίρ [2 9]	Gountry 30			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes X yes □ No			
7.1	9. Name and Address of Curre		1901			10. Name and Address of New Re		Agent	
				81	Name				
	, Hazel		8			ss (P.O. Box Number is Not Acceptable	e)		
	BISCAYNE BLVD 4TH FLOOR		-	83					
NO. MI	AMI BCH. FL 33160			63					
				84	City		FL	85 Zi	p Code
12.	Signature: Typied or printed name of registered ago OFFICERS A	ND DIRECTORS	IOTE: Registereo /	Agent	signature required	when reinstating) ADDITIONS/CHANGES TO OFFICE			
TILLE	D	DELETE	1, 1 11					Change	☐ Addition
NAME Causel Abbooker	ESSEN, LAURA		1.2 NA		I DOORGO				
STREET ADORESS. OITY-ST-ZIP	13503 S W 58 AVENUE MIAMI, FL 0				ADDRESS				
oni i sa rezigi. Militi	PD			TV CT	- 217				
VAME	ESSEN, HAZEL	DELETE	2 1 TH	IY-SI IL€				Change	Addition
STREET ADORESS				TL₹				Change	☐ Addition
	18305 BISCAYNE BLVD		2 1 TIT 2 2 NAS	TL E ME	ADDRESS			Change	Addition
31: - \$1- 7 19	18305 BISCAYNE BLVD NO. MIAMI BCH. FL	☐ DELETE	2 1 TH 22 NAS 23 STF 24 CH	TLE ME REEL A TY-SI	ADDRESS		•		
DIES - ST-ZIP DTLE	,		2 1 TH 2 2 NAI 2 3 STF 2 4 CH 3 1 TH	TLE AME REET A TY-ST TLE	ADDRESS		•	☐ Change	Addition
ORNESTE ZIP DITUE NAME	,	☐ DELETE	2 1 TIT 2 2 NAF 2 3 STF 2 4 CIT 3 1 TIT 3 2 NAF	TLE IME REET A TY-ST TLE IME	ADDRESS - ZIP		•		
DIES - SE-ZIP DIEF NAM: STREET ADDRESS	,	☐ DELETE	2 1 TII 2 2 NAI 2 3 STI 2 4 CII 3 1 TII 3 2 NAI 3 3 ST	TLE ME REET A TY-ST TLE ME TREET A	ADDRESS - ZIP ADDRESS		•		
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DIES - ST-ZIP DITLE NAMA: STREET ADDRESS DITY-ST-ZIP DITLE	,	☐ DELETE	2 1 TII 22 NAI 23 STF 24 CIT 3 1 TII 32 NAI 33 ST 34 CII	TLE ME REET A TLE ME TREET TY-ST TLE	ADDRESS - ZIP ADDRESS			☐ Change	☐ Addition
OILS - ST-ZIP OTLE NAME STREET ADDRESS OILY - ST-ZIP OILE NAME	,	☐ DELETE	2 1 TH 22 NA/ 23 STH 24 CH 3 1 TH 32 NA/ 33 ST 34 CH 4.1 TH	TLE ME REET A TY-ST TLE ME TREET; TY-ST TLE	ADDRESS - ZIP ADDRESS			☐ Change	☐ Addition
CIES - ST-ZIP INTEF VAMA: STREET ANDRESS CIES - ZIP INTEF VAME STREET ANDRESS CIES - ZIP INTEF STREET ANDRESS CIES - ZIP	,	☐ DELETE	2 1 TII 22 NAI 23 STH 24 CII 3 1 TII 32 NAI 33 ST 34 CII 4.1 TH 42 NAI 43 STF 4.4 CII	TLE MEELA REELA TY-SI TTLE ME TY-SI TLE ME REELA TY-SI	ADDRESS - ZIP ADDRESS - ZIP ADDRESS			☐ Change	Addition Addition
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CILE - ST. ZIP THEF NAMA: STREET ANDRESS CITY - ST. ZIP THUE NAME STREET ANDRESS CITY - ST. ZIF THUE NAME STREET ANDRESS CITY - ST. ZIF THUE NAME STREET ANDRESS CITY - ST. ZIF THUE NAME STREET ANDRESS STREET ANDRESS	,	DELETE DELETE	2 1 TII 22 NAI 23 STP 24 CII 3 1 TII 32 NAI 33 ST 4.1 TII 42 NAI 43 STP 4.4 CII 5 1 TII 52 NAI 53 STP 54 CIT 6 1 TII	TLE ME REEL A IY-SI TLE ME IREET A IY-SI TLE ME REEL A IY-SI TLE REEL A IY-SI TLE ME REEL A IY-SI TLE ME REEL A IY-SI TLE	ADDRESS - ZIP ADDRESS - ZIP ADDRESS - ZIP ADDRESS			☐ Change ☐ Change ☐ Change	Addition Addition

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. Hurther 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 Ellock 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X