

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

✓ **PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # 440601 (3)**

1. Corporation Name  
**PEDRO MORTGAGE COMPANY, INC.**



Principal Place of Business <b>4688 WEST 4TH AVENUE HIALEAH FL 33012</b>	Mailing Address <b>4688 WEST 4TH AVENUE HIALEAH FL 33012</b>
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3. Date Incorporated or Qualified <b>12/20/1973</b>	3a. Date of Last Report <b>03/28/1995</b>
4. FEI Number <b>59-1523704</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>419 W 49th St # 106</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>419 W 49th St / #106</b> Suite, Apt. #, etc.
22 City & State 23 <b>HIALEAH, FL.</b>	27 City & State 28 <b>Hialeah FL</b>
24 Zip <b>33012</b>	29 Zip <b>33012</b>

9. Name and Address of Current Registered Agent  
**HERNANDEZ, PEDRO  
18321 N.W. 79 COURT  
PALM SPRINGS FL**

10. Name and Address of New Registered Agent  
81 Name **PEDRO HERNANDEZ**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**6703 KINGSMOORE WAY**  
83  
84 City **MIAMI LAKES** FL 85 Zip Code **33014**

11. Pursuant to the provisions of Sections 607.0402 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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>HERNANDEZ, PEDRO</b>	
STREET ADDRESS	<b>5555 COLLINS AVE #5-F</b>	
CITY - ST - ZIP	<b>MIAMI BCH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MORALES, ARMINDA</b>	
STREET ADDRESS	<b>5481 E 7TH AVE</b>	
CITY - ST - ZIP	<b>HIALEAH, FL 00000</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PEDRO HERNANDEZ</b>
1.3 STREET ADDRESS	<b>6703 KINGSMOORE WAY</b>
1.4 CITY - ST - ZIP	<b>MIAMI LAKES, FL. 33014</b>
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	<b>300001868553</b>
6.3 STREET ADDRESS	<b>-06/20/96--01003--033</b>
6.4 CITY - ST - ZIP	<b>***200.00</b>

14. 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. 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 in an attachment with an address.

SIGNATURE: *Pedro Hernandez* **Pedro Hernandez** **427-96** **305 823 2750**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President Director** Date

CR2E034 (12/95)