

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthorn
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**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/31/1978	3a. Date of Last Report 01/04/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
		30	Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANCHEZ, RICHARD
9065 S.W. 87TH AVE.
SUITE 101
MIAMI FL 33176

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 of person or persons registered agent for the corporation

Signature of Registered Agent (required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SANCHEZ, RICHARD	
STREET ADDRESS	9075 SW 87TH AVE. STE. 400	
CITY - ST - ZIP	MIAMI FL 33176	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SANCHEZ, MAGALY	
STREET ADDRESS	9075 SW 87TH AVE. STE. 400	
CITY - ST - ZIP	MIAMI FL 33176	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, ADA	
STREET ADDRESS	9075 SW 87TH AVE., STE. 400	
CITY - ST - ZIP	MIAMI FL	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SANCHEZ, RICHARD	
1.3 STREET ADDRESS	9065 S.W. 87TH AVE. STE. 101	
1.4 CITY - ST - ZIP	MIAMI, FL 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SANCHEZ, MAGALY	
2.3 STREET ADDRESS	9065 S.W. 87TH AVE. STE. 101	
2.4 CITY - ST - ZIP	MIAMI, FL 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RODRIGUEZ, ADA	
3.3 STREET ADDRESS	9065 S.W. 87TH AVE. STE. 101	
3.4 CITY - ST - ZIP	MIAMI, FL 33176	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SANCHEZ, GILBERT	
4.3 STREET ADDRESS	9065 S.W. 87TH AVE. STE. 101	
4.4 CITY - ST - ZIP	MIAMI, FL 33176	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 on an attached report with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/96 (305) 274-3197
Date: Day: No. Phone #

CR2E034 (12/95)