Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90107 002 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 678302

1. Corporation Name

| HOME EQUITY MORTGAGE CORPORATION | | | | | | | | II Bib ii Bibi! Bibii | | |
|---|-------------------|--|----------------------------|---|--|--|---|---|------------------------------------|------------------------|
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| Principal Place | e of Busines | <u>.</u> s | Ma | iling Address | | | · | - | H OLBIF BIBLI BIBLI | OVOIX EXEM HODA |
| 7333 CORAL W | | , | | 3 CORAL WAY | | | | | | |
| MIAMI FL 33155 . MIAMI FL 33155 | | | | | | | | DO NOT WOITE IN THE | 0.00405 | |
| US | | | US | | | | | DO NOT WRITE IN TH | S SPACE | |
| | | | | | | | | 3. Date Incorporated or Qualifed | ~ → · | |
| Principal Place of Business 2a. Mailing Address | | | | | | | | 4. FEI Number | Ap | plied For |
| 21 26 | | | | | | | 59-2198039 | | t Applicable | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 22 | | | | | | | 5. Certifcate of Status Desired | \$8.75 / Fee Re | | |
| City & State City & State | | | | | | | *** | 6. Election Campaign Financing \$5.00 May Be | | |
| 23 28 | | | | | | _ | | Trust Fund Contribution | Added t | |
| Zip | | Country | | Zip | Cou | untry | | 8. This corporation owes the current year | ntangible | _ |
| 24 | | 25 | 29 | | 30 | | | Personal Property Tax. | Yes | □No |
| | 9. Name | and Address of Curr | rent Regist | ered Agent | | <u> </u> | | 10. Name and Address of New Registere | d Agent | |
| DAV | IDE, ANA I | М | | | | 81 | Name | | • | |
| | 3 CORAL V | | | | | 82 | Street Addre | Idress (P.O. Box Number is Not Acceptable) | | |
| MIAMI FL 33155 | | | | | | 83 | | | | |
| | | | | | | | - | | | Code |
| · | | | | | | 84 City FL 85 Zip Code | | | | |
| 11. Pursuant office or r | to the previs | ions of Sections 607.0 ent-or both, in the St | 502 and 60 te of Florid | 7.1508, Florida Statu a. Such change was | ites, the a | bove d by t | -named corpor the corporation | ration submits this statement for the purpose his board of directors. I hereby accept the app | of changing its ointment as re- | registered gistered |
| i agentila | ım tamiliar w | ith. appliaccept the orbi | idations of. | Section 607.0505. Flo | orida Stat | tutes. | , ´- | | <i>_</i> | |
| | im tamiliar y | ith, and accept the soli | igations of, | Section 607.0505, Flo | orida Stat | tutes. | · · · · | 4/26 | /99 | |
| SIGNATURE | An | or punited name of registered in | agent and title if | applicable. (NOT | E: Registered | d Agent | t signature required | when reinstating) DATE | /99 | |
| SIGNATURE_ | Signature, typed | 2 Marcon | agent and title if | applicable. (NOT | E: Registered | d Agent | | 4/00 | 199 AND DIRECTO | PRS IN 12 |
| SIGNATURE 12. TITLE | Signature, typed | or parties name of registered in OFFICERS | agent and title if | applicable. (NOT | E: Registered 13. | d Agent | | when reinstating) DATE | /99 | |
| SIGNATURE 12. TITLE NAME | Signature, typed | or publication name of registered in OFFICERS. | agent and title if | applicable. (NOT | 13. 1.1 Ti | d Agent | t signature required | when reinstating) DATE | 199 AND DIRECTO | PRS IN 12 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS | P DAVIDE, 2015 CC | OFFICERS ANA MARIA OUNTRY CLUB PRAI | agent and title if | applicable. (NOT | 13. 1.1 Ti 1.2 N 1.3 S | d Agent TTLE IAME TREET | t signature required | when reinstating) DATE | 199 AND DIRECTO | PRS IN 12 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DAVIDE, 2015 CC | or publication name of registered in OFFICERS. | agent and title if | applicable. (NOT CTORS | E: Registered 13. 1.1 Ti 1.2 N 1.3 S 1.4 C | d Agent TLE AME TREET | t signature required | when reinstating) DATE | AND DIRECTO | RS IN 12 |
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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 regeiver 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 appear with all other like empowered.

63 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: 8

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

(30) 261-5400

RSE034 (11/98)