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1996 MAY -1 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **855091** (5)

1. Corporation Name
SOCIEDAD FINANCIERA HIPOTECARIA, SOCIEDAD ANONIM A, INC.

Principal Place of Business Mailing Address

**765 N.W. 37 AVE
SUITE 258
MIAMI FL 33125** **765 N.W. 37 AVE
SUITE 258
MIAMI FL 33125**

21	2. Principal Place of Business	2a.	Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
	Country	30	Country

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	12/23/1982		09/13/1995
4.	FEI Number		Applied For
	65-0037223		Not Applicable
5.	Certificate of Status Desired		\$8.75 Additional Fee Required
	<input type="checkbox"/>		
6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
	<input type="checkbox"/>		
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**GRANADOS, MOISES
765 N.W. 37 AVE.
SUITE 258
MIAMI FL 33125**

10. Name and Address of New Registered Agent

81	Name	AMERILAWYER	
82	Street Address (P.O. Box Number is Not Acceptable)	c/o Lawrence J. Spiegel	
83		343 Almeria Avenue	
84	City	FL	85 Zip Code 33134
		Coral Gables	

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE By: **Amerilawyer Chartered** **President** DATE **4/29/96**

(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	VSD	<input type="checkbox"/> DELETE
NAME	GRANADOS, MOISES	
STREET ADDRESS	EDIF DOMINO 30 PANAMA	
CITY - ST - ZIP	PANAMA	
TITLE	VSP	<input type="checkbox"/> DELETE
NAME	CEPERO, MANUELO	
STREET ADDRESS	765 NW 37 AVE	
CITY - ST - ZIP	MIAMI FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	FIGUERO, CRISTOBAL	
STREET ADDRESS	765 NW 37 AVE, SUITE 258	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2	NAME	
1.3	STREET ADDRESS	
1.4	CITY - ST - ZIP	400001803244
2.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2	NAME	***208.75
2.3	STREET ADDRESS	***208.75
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	
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 included 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: **Moises Granados** Date **4/29/96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)

**750
5196**