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

PROFIT ' CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

855091

(5)

SOCIEDAD FINANCIERA HIPOTECARIA, SOCIEDAD ANONIM A, INC.

APPROVED AND FILED

1996 MAY -1 PM 1: 09

SECHTARY OF STATE TALLAMASSELFLORIDA



Principal Plac	ce of Business	Mailing Address				
765 N.W.	. 37 AVE	765 N.W. 37 AVE				
SUITE 25		SUITE 258				
MIAMI FI	L 33125	MIAMI FL 33125		3. Date Incorporated or Qualified	3a. Date of Last Report	
				12/23/1982	09/13/1995	
2. Principal I	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0037223	Not Applicable	
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		5, Certificate of Status Desired	Fee Required	
City & State		City & Stato		6. Election Campaign Financing	55.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for		
24	25	29	[30]		No No	
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Curren	l Registered Agent		10. Name and Address of New	Registered Agent	
			81 Name	AMERILAWYER		
GRANADOS, MOISES			82 Street	82 Street Address (P.O. Box Number is Not Acceptable)		
765 N.W. 37 AVE.				c/o Lawrence J. Spiege	1	
SUITE 258				83 343 Almeria Avenue		
MIAN	MI FL 33125		84 City	743 AIMELLY AVELUE	85 Zip Code	
				Coral Gables		
11. Pursuan	nt to the provisions 🔥 Sections 607 0502	and 607.1508, Florida Statuti	es, the above named co	proporation submits this statement for the pu	irpose of changing its registered office	
or regist	with, and accept the pulse there of Figure	nn 697/0505, Florida Statutes	ed by the corporation's	orporation submits this statement for the puboard of directors. I hereby accept the app	John Therit as registered agent. I am	
SIGNATURE	AmeriLawyer Charter	ed Pr	esident	•	4/21/96	
Oldina Toric			TE: Registered Agent signature r		DATE	
12.		DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12	
TITLE	VSD	DELETE	1. 1 TITLE		Change Maddition	
NAME	GRANADOS, MOISES		1,2 NAME			
STREET ADDRESS			1.3 STREET ADDRESS	400	001803244	
CITY - ST - ZIP	PANAMA		1.4 CHTY - ST - ZIP	-05/01	/9601062028	
TITLE	VSP	☐ DELETE	2. 1 TITLE	東東米楽2	08.75 DARM#209.49500	
NAME	CEPERO, MANUELO		2.2 NAME			
STREET ADDRESS			23 STREET ADDRESS			
CHTY-ST-ZIP	MIAMI FL		2.4 CITY-ST-7IF			
TITLE	V\$	DELETE:	3. 1 TITLE		Change Addition	
NAME	FIGUERO, CRISTOBAL		3.2 NAME			
STREET ADDREST		8	3.3 STHEET ADDRESS			
CHY+ST+ZIP	MIAMI FL		3.4 CITY - \$1 - ZIP			
TITLE		DELETE	4. 1 TITLE		Change Addition	
NAME			4.2 NAME			
STREET ADDRESS	s		4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - 7IP			
TITLE		[] DELETE	5. 1 TITLE		Change 🗌 Addition	
NAME			5.2 NAME			
STREET ADDRES	s		53 STREET ADDRESS			
CITY-ST-ZIP			54 CITY+ST-ZIP			
TITLE		DELETE	6 1 THTLE		Change Addition	
NAME			62 NAME		- VERIALE	
STREET ADDRES	s l		6.3 STREET ADDRESS		15 Ale	
CITY-SI-ZIP	_ (\		6 4 CITY-ST-ZIP		6'"	

I do hereby certify that the information supplied with this filing involuntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information is all later 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 untractor on the propriation 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 37 charged, or an attachmon with an hodress.

SIGNATURE:

Date