

JUN-25-1996 12:13 FROM UNION TITLE

TO

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PROFIT
CORPORATION
ANNUAL REPORT
1996FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F20496

1. Corporation Name

EQUITY MORTGAGE CORPORATION

Principal Place of Business

Mailing Address

218 Almeria Avenue
Coral Gables, FL 331349240 SW 72nd Street
Suite 200
Miami, FL 33173

3. Date Incorporated or Qualified	2/19/81	3a. Date of Last Report	2/26/96
4. FFI Number	59-2100457	Applied Fee	Not Applicable
5. Certificate of Status	Desired ☐	\$8.75 Additional Fee Required	
6. Election Campaign Trust Fund Contribution	Financing ☐	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032.	☐ Yes ☐ No		

2. Principal Place of Business	2a. Mailing Address
21 9240 SW 72nd St.	2a 9240 SW 72nd ST.
Suite Apt # etc	Suite Apt # etc
22 Suite 100	27 Suite 100
City & State	City & State
23 Miami, FL 33173	28 Miami, FL 33134
Zip	Zip
24 Dade	29 Dade

9. Name and Address of Current Registered Agent

Thomas G. Sherman, Esquire
218 Almeria Avenue
Coral Gables, Florida 33134

10. Name and Address of New Registered Agent

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

The undersigned is a duly qualified agent and is not applicable.

(NOTE: Registered Agent signature required when necessary)

(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Vice President	11 TITLE	PD President
NAME	Benitez, Virginia	12 NAME	Benitez, Raul
STREET ADDRESS	9485 SW 72nd Street, A270	13 STREET ADDRESS	9240 SW 72nd Street, Suite 100
CITY-ST-ZIP	Miami, FL	14 CITY-ST-ZIP	Miami, Florida 33173
TITLE		21 TITLE	VAS
NAME		22 NAME	Menendez, Xiomara
STREET ADDRESS		23 STREET ADDRESS	9240 SW 72nd Street, Suite 100
CITY-ST-ZIP		24 CITY-ST-ZIP	Miami, Florida 33173
TITLE		31 TITLE	AVP
NAME		32 NAME	Holmes, Annabelle
STREET ADDRESS		33 STREET ADDRESS	9240 SW 72nd Street
CITY-ST-ZIP		34 CITY-ST-ZIP	Miami, Florida 33173
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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 supplement to 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 attachment with an address.

SIGNATURE: X

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