

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F34515

(9)

1. Corporation Name

BABEL MORTGAGE, INC.



Principal Place of Business

Mailing Address

1835 N.E. 164 STREET
NORTH MIAMI BEACH FL 33162

1835 N.E. 164 STREET
NORTH MIAMI BEACH FL 33162

3. Date Incorporated or Qualified

05/12/1981

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

4. FEI Number

59-2089751

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, DONALD F.
18901 OAKLAND HILLS DR.
MIAMI FL 33015

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 607.1506, 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 typed or printed name of registered agent and the day after

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

VSD

NAME

SMITH, DONALD F

STREET ADDRESS

1835 N.E. 164TH ST
NO MIAMI BEACH, FL 0

CITY-ST-ZIP

TITLE

DP

NAME

WORDELL, KAREN J

STREET ADDRESS

1835 N.E. 164TH ST
NO MIAMI BEACH, FL 0

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Add to on

1. TITLE

V

2. NAME

Robert G. Thompson

3. STREET ADDRESS

1835 N. E. 164 Street

4. CITY-ST-ZIP

North Miami Beach, Fl. 33162

2. 1. TITLE

☐ Change

☐ Addition

2. 2. NAME

2. 3. STREET ADDRESS

2. 4. CITY-ST-ZIP

3. 1. TITLE

☐ Change

☐ Addition

3. 2. NAME

3. 3. STREET ADDRESS

3. 4. CITY-ST-ZIP

4. 1. TITLE

☐ Change

☐ Addition

4. 2. NAME

4. 3. STREET ADDRESS

4. 4. CITY-ST-ZIP

5. 1. TITLE

☐ Change

☐ Addition

5. 2. NAME

5. 3. STREET ADDRESS

5. 4. CITY-ST-ZIP

6. 1. TITLE

☐ Change

☐ 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 attachment with an address.

SIGNATURE:

Karen J. Wordell - President

4/10/96

Date

305-944-6378

Daytime Phone #

CR2E034 (12/95)