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FILED

May 05 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F34515 (9)

1. Corporation Name  
BABEL MORTGAGE, INC.

Principal Place of Business  
1835 N.E. 164 STREET  
NORTH MIAMI BEACH FL 33162

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
05/12/1981

4. FEI Number  
59-2089751

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

6. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business  
21 P.O. Box 13933  
Suite, Apt. #, etc.

2a. Mailing Address  
26 P.O. Box 13933  
Suite, Apt. #, etc.

22 City & State  
Tallahassee, FL

27 City & State  
Tallahassee, FL

23 Zip  
32317-3933

28 Zip  
32317-3933

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name  
Smith, Donald F.  
82 Street Address (P.O. Box Number is Not Acceptable)  
3207 Shamrock East  
83 #9  
84 City  
Tallahassee  
85 Zip Code  
FL 32308

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 Donald F. Smith

4/22/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VSD  
NAME SMITH, DONALD F.  
STREET ADDRESS 1835 N.E. 164TH ST  
CITY-ST-ZIP NO MIAMI BEACH, FL 0

TITLE DP  
NAME WORDELL, KAREN J.  
STREET ADDRESS 1835 N.E. 164TH ST  
CITY-ST-ZIP NO MIAMI BEACH, FL 0

TITLE V  
NAME THOMPSON, ROBERT G.  
STREET ADDRESS 1835 N.E. 164TH STREET  
CITY-ST-ZIP N. MIAMI BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
Change ☒ Addition ☐

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
Change ☒ Addition ☐

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
Change ☒ Addition ☐

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
Change ☐ Addition ☐

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
Change ☐ Addition ☐

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
Change ☐ Addition ☐

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 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. Wardell

4/22/98

850-  
668-2363

CR2E034 (10/97)