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

F35730

(3)

| RESIDENTIAL MORTGAGE ASSOCIATES, INC. | | | | | | | | | | | | | |
|---|--|----------------------------------|---------------------|---|-------------------------|---------------------|---------------------------------------|--|--|---------------------|-----------|-------------------------------|--|
| Principal Place of Business Mailing Address | | | | | | | | | | | | Dieli dieli eteli lee | |
| % EUGENE GONZALEZ 3645 SW 130TH AVENUE MIAMI FL 33175 | | | | % EUGENE GONZALEZ 3645 SW 130TH AVENUE MIAMI FL 33175 | | | | | | | | | |
| | | | | | | | | | 3. Date Incorporated or Qualified | | | , | |
| 2. Principal Place of Business | | | 2a. Mailing Address | | | | | 05/21/1981 4. FEI Number | | <u> </u> | 1995 | | |
| 21 | | | 26 | 26 | | | | | 59-2120093 | | - | Applied For Not Applicable | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | | | | \$8 | 75 Additional | |
| City & State | | | 27 | | | | | | 5. Certificate of Status Desired | E) | | e Required | |
| 23 | | | ├ ~, | City & State | | | | | 6. Election Campaign Financing | F -1 | \$5 | .00 May Be | |
| Zip | <u>-</u> | Country | 28 | Zıp | T 0- | | | | Trust Fund Contribution | | Ad | ded to Fees | |
| 24 | 25 | 1 ´ | 29 | مردح | 30 | untry | | | 8. This corporation has liability for | intangible ta | : under | s 199.032, | |
| | 9. Name and Address of Current | | | Registered Agent | | | | | Florida Statutes | | | | |
| | | | | | | | Nam | 10 | TO THE REAL PROPERTY OF THE PARTY OF THE PAR | negistered A | Aeur | | |
| GONZALEZ, EUGENE | | | | | | 82 | Stro | ot Address | s (P.O. Box Number is Not Accepta | L | | | |
| 3645 SW 130TH AVENUE | | | | | | | Olivon | or Address | s (i .o. box nomber is not Accepta | oie) | | | |
| MIAMI FL 33175 | | | | | | | | | | | | | |
| | | | | | | 84 | City | · | | | 85 | Zip Code | |
| 11. Pursuant | to the provisions | of Sections 607 0500 | and 607 | 1500 D-14-0-4 | | | • | | | FL | 1 1 | • | |
| or register | red agent, or bot | h, in the State of Floric | da. Such | . 1506, Florida Statute change was authorize | es, the ab ed by the | ove-n corpo | amed oration | corporation of the corporation o | on submits this statement for the pu of directors. I hereby accept the app | rpose of char | iging it: | s registered office | |
| | itri, and accept ti | ne obligations of, Secti | ion 607,0 | 505, Florida Statutes | | • | | | the app | OTHER EST | zgisteri | eu agent. i am | |
| SIGNATURE . | Signature, typed or pri | intertinance of registered agent | and title if ap | plicable (NO | TF: Registere | d Anoni | pignal w | S appropriate and stable | ien reinstatingi | | | | |
| 12. | | OFFICERS AND | DIRECT | ORS | 13. | | ug we | o bquito N | ADDITIONS/CHANGES TO OFF | DATE ICERS AND I | DIBEC: | TORS IN 12 | |
| JITLE | DS | | | ☐ DELETE | 1, 1 | TITLE | | T | | | Change | | |
| NAME | | Z, BEATRIZ P | | | 1.2 N | AME | | | | | · | | |
| STREET ADDRESS | TOTAL TO THE PARTY OF THE PARTY | | | 1.3 | | | 1.3 STREET ADDRESS | | | | | | |
| CITY+S1+ZIP TITLE | | 331/5 | | | | ITY-ST | -ZIP | | · · · · · · · · · · · · · · · · · · · | | | | |
| NAME | DP CONTAIN | Z, EUGENE | | ☐ DELETE | 2.11 | | | | | | Change | Addition | |
| STREET ADDRESS | | 2, EUGENE 130TH AVENUE | | | 2.2 NAME | | | | | | | | |
| CITY-ST-ZIP | MIAMI, FL 33175 | | | | | | 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | | | | | | |
| TITLE | 3112 4711 7 2 | 00110 | | DELETE | 3 1 J | | - ZIP | | | | Channe | - Addition | |
| NAME | | | | _ | 3.2 N | | | | • • | U | Change | Addition | |
| STREET ADDRESS | | | | | | | ADDRESS | 3 | | | | | |
| CITY-ST-ZIP | | | | | 3 4 C | (TY-ST- | ZIP | 1 | | | | | |
| TITLE | | | | ☐ DELETE | 4.17 | TTLE | | | | | Change | Addition | |
| NAME . | ľ | | | | 4.2 N | AME | | | | | | _ | |
| STREET ADDRESS | | | | | 4 3 51 | TREET A | DDRESS | | | | | | |
| CITY-ST-ZIP TIFLE | | | | FIREIT | | TY-ST- | ZIP | | | · | | | |
| NAME | | | | DELETE | 5.17 | | | | | | Change | ☐ Addition | |
| STREET ADDRESS | | | | | 5.2 N/ | | B00-1 | | | | | | |
| CITY-S1-ZIP | | | | • | | | DDRESS | | | | | | |
| TITLE | | | | DELETE | 5 4 Ct | TY-ST- ITLF | ZIP | - | | | Chanai | | |
| NAME | | | | | 6.2 NA | | | | | Ц | Change | Addition | |
| STREET ADDRESS | | | | | | | DDRESS | | | | | | |
| CITY-ST-ZIP | | | | | | 6.4 CITY - ST - ZIP | | | | | | | |
| I do hereby | certify that the i | nformation cumplied wi | th this file | and in such seasons of the first | | | | | | | | | |

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Congress

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/1991 315-551-6851