

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 18 AM 8:33

DOCUMENT # F94000002949 (5)

1. Corporation Name

PREFERRED INTERNATIONAL MORTGAGE CORP.

Principal Place of Business

791 DE DIEGO AVE.
CAPARRA TERRACE PR 00921

Mailing Address

791 DE DIEGO AVE.
CAPARRA TERRACE PR 00921

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

06/06/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FC Number

66-0433589

Applied For

Not Applicable

Suite, Apt. #, etc

22

Suite, Apt. #, etc

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under FS 199.02,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DE LOURDES DIAZ, MARIA
1025 S. SEMORAN BLVD., #38
WINTER PARK FL 32792

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Applicable to the provided number of registered agents and the number of

Applicable to the provided number of registered agents and the number of

12/11

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS, APPLICABLE TO ONLY 1.

TITLE

PTDC

NAME

SALTZ, CARLOS

STREET ADDRESS

MONROE L-11 PARKVILLE

CITY, ST, ZIP

GUAYNABO PR 00969

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

SD

NAME

SALTZ, MARTA

STREET ADDRESS

MONROE L-11 PARKVILLE

CITY, ST, ZIP

GUAYNABO PR 00969

2. TITLE

2. NAME

2. STREET ADDRESS

2. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

VD

NAME

GANAPOLSKY, ISRAEL

STREET ADDRESS

M-28 CERRO REAL DEV

CITY, ST, ZIP

GUAYNABO PR 00969

3. TITLE

3. NAME

3. STREET ADDRESS

3. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4. TITLE

4. NAME

4. STREET ADDRESS

4. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5. TITLE

5. NAME

5. STREET ADDRESS

5. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6. TITLE

6. NAME

6. STREET ADDRESS

6. CITY, ST, ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.02, Florida Statutes. I further certify that the information included on this filing is not or supplementary material and is true and accurate and that my signature shall form the same legal effect as if made under oath, that I am an officer or director of this corporation or the receiver or trustee empowered to make this filing as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Blocks 13, 14, 15, or 16, as applicable, with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/95 (800) 750-7058