

• 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 # F95000003717 (4)

1. Corporation Name

QUALITY MORTGAGE USA, INC.



Principal Place of Business

16800 ASTON STREET
IRVINE CA 92714

Mailing Address

16800 ASTON STREET
IRVINE CA 92714

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

9. Name and Address of Current Registered Agent

CORPAMERICA, INC.
SUITE 216
1525 S. ANDREWS AVE.
FORT LAUDERDALE FL 33316

3. Date Incorporated or Qualified
08/01/1995

3a. Date of Last Report
N/A

4. FEI Number
33-0078994

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

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

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

(Signer is Type for public view of registered agent in the register)

(NOTE: Registered Agent sign the registered agent appointment)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KORNSWIET, NEIL	
STREET ADDRESS	16800 ASTON STREET	
CITY-STATE-ZIP	IRVINE CA 92714	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RAIMONDO, PETER	
STREET ADDRESS	16800 ASTON STREET	
CITY-STATE-ZIP	IRVINE CA 92714	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WATERS, FRANK	
STREET ADDRESS	16800 ASTON STREET	
CITY-STATE-ZIP	IRVINE CA 92714	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MONAHAN, KELLY W	
STREET ADDRESS	16800 ASTON STREET	
CITY-STATE-ZIP	IRVINE CA 92714	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROITER, JAMES	
STREET ADDRESS	140 BROADWAY, 39TH FLOOR	
CITY-STATE-ZIP	NEW YORK NY 10005	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOOD, THOMAS	
STREET ADDRESS	18141 BEACH BLVD	
CITY-STATE-ZIP	HUNTINGTON BEACH CA 92648	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	THOMAS HOOD	
1.3 STREET ADDRESS	16800 Aston Street	
1.4 CITY-STATE-ZIP	Irvine, CA 92714	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FRANCISCO NEBOT	
4.3 STREET ADDRESS	16800 Aston Street	
4.4 CITY-STATE-ZIP	Irvine, CA 92714	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JUDE LOPEZ	
6.3 STREET ADDRESS	16800 Aston Street	
6.4 CITY-STATE-ZIP	Irvine, CA 92714	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

Daytime Phone

CR2E034 (12/95)