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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G13766

FILED Feb 08, 1999 8:00am Secretary of State

02-08-1999 90060 038 ***150.00

PHIME IV	iortgage investors, ii	NG,								
Principal Place	of Business	Mailing Address		-		(##((7) ##4 7)	res 11343 (6824 6 11)	2111 61811 41	e preti BIBIL B	
312 MINORCA A		312 MINORCA AVE			 					
CORAL GABLES FL 33134 CORAL GABLES FL 33134						DO NOT WRITE IN THIS SPACE				
	•				}	Date Incorporated				<u></u>
						12/10/1982				_
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			Ap	plied For
21	22 - Danisan	26				59-2253184		<u> </u>		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Statu	s Desired		\$8.75	
22	·	27							Fee Re	
City & State	9	City & State				6. Election Campaig	-		\$5.00	· .
23		28				Trust Fund Contri			Added t	o rees
Zip	Country	Zip	Coun	и у		8. This corporation of Personal Property		ent year inta		□No
24	25 '	- V	30			10. Name and Addre		egistered .	Δ	
·	9. Name and Address of Curre	m Registered Agent	- 	31 Name						
IAM	AR, FERNANDO	trant.		- 1		- /D O. Barr Marshard	Not Assants	ble)		
	MINORCA AVE	,		32 Street	Addres	ss (P.O. Box Number is	s Not Accepta	ui e)	ا مقص <u>ود</u> ج	رهاد وجداد
	AL GABLES FL 33134		la la	33			7.5.5.35	94.54 £	V { { } } } { }	
		,	L.	24 6"				14 14 1 4 1 5 2 7 1 4 1 7 7	85 Zip (Code
				84 City				FL	. 1 `)
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	502 and 607.1508, Florida Statute e of Florida. Such change was at	es, the about	ove-named by the corp	corpor oration	ration submits this state i's board of directors. I	ement for the hereby accep	purpose of t the appoi	changing its ntment as re	registered gistered
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig Signature, typed or printed name of registered as		: Registered A			when reinstating)		DATE	···	
) .	Signature, typed or printed name of registered at	gent and title if applicable. (NOTE:	: Registered A	gent signature				DATE	ID DIRECTO	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered at	gent and title if applicable. (NOTE:	: Registered A	gent signature		when reinstating)		DATE	···	
SIGNATURE	Signature, typed or printed name of registered as OFFICERS A PD LAMAR, FERNANDO	gent and title if applicable. (NOTE:	13. 1.1 TITL 1.2 NAA	gent signature E	required w	when reinstating)		DATE	ID DIRECTO	ORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered as OFFICERS A PD LAMAR, FERNANDO 312 MINORCA AVE	gent and title if applicable. (NOTE:	13. 1.1 TITL 1.2 NAA 1.3 STR	gent signature E Æ ÆEET ADORESS	required w	when reinstating)		DATE	ID DIRECTO	ORS IN 12
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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, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R2E034 (11/98)