FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **G29736**1. Corporation Name

FLORIDA MORTGAGE UNDERWRITERS, INC.

Principal Place	of Business	Mailing Address						
7600 WEST 20T	'H AVE:	7600 WEST 20TH AVE.					٠.	
SUITE 112		SUITE 112			DO NOT WRITE IN THIS SPACE			
HIALEAH FL 330	016	HIALEAH FL 33016				IE IN THIS S	FACE	· · ·
·	•				 Date Incorporated or Qualifed 03/08/1983 			
2 Beinging Di	ace of Business	2a. Mailing Address			4. FEI Number		A	pplied For
2. Principal Place of Business		26		59-2267388		N	ot Applicable	
21	ш	Suite, Apt. #, etc.					\$8.75	Additional
Suite, Apt	#, etc.	27			5. Certifcate of Status Desired		Fee R	equired
22		City & State		6. Election Campaign Financing		\$5.00	May Be	
City & State	B ·	28			Trust Fund Contribution			to Fees
23		Zip	Count		8. This corporation owes the curr	ent vear Inta	naible	
— ^{Žip}	Country	⊢ –	30	• •	Personal Property Tax.	0111) 0 0 1 1 1 1 1	Yes	□No
24	[25]	29	[30]		10. Name and Address of New F	Registered A	\gent	
_, /	9. Name and Address of Currer	nt Registered Agent		1 Name	To: Name and recovery			
CAD	CIA HIAN E	*	`	1 144			•	
GAN	CIA, JUAN F) W. 20 AVE. SUITE 112	**	Ε	2 Street	Address (P.O. Box Number is Not Accepta	able)		-
			L				1 1 1 1 1 1	10 - 1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
HIAL	EAH FL 33016		3	3				14年第十
		•	-	4 City	\$ 1 5 V		85 Zip	Code
			1	- 7		<u> </u>		
11 Dureuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	ites, the abo	ve-named	corporation submits this statement for the	purpose of o	changing it	s registered
. FI. Turouoni					oration's board of directors. I hereby acce	pt tile appoin	militar as i	egistered
	egistered agent, or bour, in the oute	C -4 0 CO7 0505 EI	arida Statut	ne				
	egistered agent, or both, in the State im familiar with, and accept the obligi	ations of, Section 607.0505, FI	orida Statut	es.	• •			
	im tamiliar with, and accept the oblig-	audita di, doctori doi idado, i				DATE		
office or r agent. I a SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOT	E: Registered A		required when reinstating)	DATE		
office or r agent. I a SIGNATURE	Signature, typed or printed name of registered age OFFICERS A	pent and title if applicable. (NOT	E: Registered A	gent signature i		DATE		ORS IN 12
office or ragent. I a SIGNATURE 12.	Signature, typed or printed name of registered age OFFICERS A	ent and title if applicable. (NOT	E: Registered A 13.	gent signature i	required when reinstating)	DATE	D DIRECT	ORS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AI PD GARCIA, JUAN F	pent and title if applicable. (NOT	E: Registered A 13. 1.1 TITL 1.2 NAW	gent signature i	required when reinstating) . ADDITIONS/CHANGES TO OF	DATE	D DIRECT	ORS IN 12
office or ragent. I a SIGNATURE 12.	Signature, typed or printed name of registered age OFFICERS AI PD GARCIA, JUAN F 7600 W. 20 AVE. SUITE 112	pent and title if applicable. (NOT	E: Registered A 13. 1.1 TITL 1.2 NAW 1.3 STR	gent signature i	required when reinstating) . ADDITIONS/CHANGES TO OF	DATE	D DIRECT	ORS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AI PD GARCIA, JUAN F	ent and title if applicable. (NOT) ND DIRECTORS DELETE	E: Registered A 13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY	gent signature i	required when reinstating) . ADDITIONS/CHANGES TO OF	DATE	D DIRECT ☐ Change	ORS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI PD GARCIA, JUAN F 7600 W. 20 AVE. SUITE 112	pent and title if applicable. (NOT	E: Registered A 13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITN 2.1 TITL	gent signature i E E E T-ST-ZIP	required when reinstating) . ADDITIONS/CHANGES TO OF	DATE	D DIRECT	ORS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI PD GARCIA, JUAN F 7600 W. 20 AVE. SUITE 112	ent and title if applicable. (NOT) ND DIRECTORS DELETE	E: Registered A 13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY	gent signature i E E E T-ST-ZIP	required when reinstating) . ADDITIONS/CHANGES TO OF	DATE	D DIRECT ☐ Change	ORS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ago OFFICERS AI PD GARCIA, JUAN F 7600 W. 20 AVE. SUITE 112 HIALEAH FL	ent and title if applicable. (NOT) ND DIRECTORS DELETE	E: Registered A 13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW	gent signature i E E E T-ST-ZIP	required when reinstating) . ADDITIONS/CHANGES TO OF	DATE	D DIRECT ☐ Change	ORS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ago OFFICERS AI PD GARCIA, JUAN F 7600 W. 20 AVE. SUITE 112 HIALEAH FL	ent and title if applicable. (NOT) ND DIRECTORS DELETE	E: Registered A 13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITN 2.1 TITL 2.2 NAW 2.3 STR	EET ADDRESS -ST-ZIP E	required when reinstating) . ADDITIONS/CHANGES TO OF	DATE	D DIRECT Change	ORS IN 12 Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered ago OFFICERS AI PD GARCIA, JUAN F 7600 W. 20 AVE. SUITE 112 HIALEAH FL	ent and title if applicable. (NOT) ND DIRECTORS DELETE	E: Registered A 13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITN 2.1 TITL 2.2 NAW 2.3 STR	E E E E E E T ADDRESS -ST-ZIP E E E E T ADDRESS Y-ST-ZIP	required when reinstating) . ADDITIONS/CHANGES TO OF	DATE	D DIRECT ☐ Change	ORS IN 12 Addition
office or ragent. I a agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered ago OFFICERS AI PD GARCIA, JUAN F 7600 W. 20 AVE. SUITE 112 HIALEAH FL	nent and title if applicable. (NOT ND DIRECTORS DELETE	E: Registered A 13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITN 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT	E E E E E E E E E T ST-ZIP E E E E T ADDRESS Y-ST-ZIP E	required when reinstating) . ADDITIONS/CHANGES TO OF	DATE	D DIRECT Change	ORS IN 12 Addition
office or ragent. I a agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered ago OFFICERS AI PD GARCIA, JUAN F 7600 W. 20 AVE. SUITE 112 HIALEAH FL	nent and title if applicable. (NOT ND DIRECTORS DELETE	E: Registered A 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITM 2.1 TITL 2.2 NAM 2.3 STR 2. 4 CIT 3.1 TITL 3.2 NAM	E E E E E E E E E T ST-ZIP E E E E T ADDRESS Y-ST-ZIP E	required when reinstating) . ADDITIONS/CHANGES TO OF	DATE	D DIRECT Change	ORS IN 12 Addition
office or ragent. I a agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ago OFFICERS AI PD GARCIA, JUAN F 7600 W. 20 AVE. SUITE 112 HIALEAH FL	nent and title if applicable. (NOT ND DIRECTORS DELETE	E: Registered A 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITM 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR	E E EET ADDRESS -ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS H EET ADDRESS	required when reinstating) . ADDITIONS/CHANGES TO OF	DATE	D DIRECT Change	ORS IN 12 Addition
office or ragent. I a agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ago OFFICERS AI PD GARCIA, JUAN F 7600 W. 20 AVE. SUITE 112 HIALEAH FL	nent and title if applicable. (NOT ND DIRECTORS DELETE	E: Registered A 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITM 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR	E E E E E E E E E E E E E E E E E E E	required when reinstating) . ADDITIONS/CHANGES TO OF	DATE	D DIRECT Change	ORS IN 12 Addition Addition
office or ragent. I a agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered ago OFFICERS AI PD GARCIA, JUAN F 7600 W. 20 AVE. SUITE 112 HIALEAH FL	nent and title if applicable. (NOIND DIRECTORS DELETE DELETE	E: Registered A 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL	E EET ADDRESS -ST-ZIP EET ADDRESS Y-ST-ZIP EET ADDRESS Y-ST-ZIP EET ADDRESS Y-ST-ZIP EET ADDRESS	required when reinstating) . ADDITIONS/CHANGES TO OF	DATE	D DIRECT Change	ORS IN 12 Addition Addition
office or ragent. I a agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, typed or printed name of registered age OFFICERS AI PD GARCIA, JUAN F 7600 W. 20 AVE. SUITE 112 HIALEAH FL	nent and title if applicable. (NOIND DIRECTORS DELETE DELETE	E: Registered A 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM	E E EET ADDRESS -ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS	required when reinstating) . ADDITIONS/CHANGES TO OF	DATE	D DIRECT Change	ORS IN 12 Addition Addition
office or ragent. I a agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered age OFFICERS AI PD GARCIA, JUAN F 7600 W. 20 AVE. SUITE 112 HIALEAH FL	nent and title if applicable. (NOIND DIRECTORS DELETE DELETE	E: Registered A 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR	E EET ADDRESS -ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS	required when reinstating) . ADDITIONS/CHANGES TO OF	DATE	D DIRECT Change	ORS IN 12 Addition Addition
office or ragent. I a agent. I a agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI PD GARCIA, JUAN F 7600 W. 20 AVE. SUITE 112 HIALEAH FL	pent and title if applicable. (NOT ND DIRECTORS DELETE DELETE	E: Registered A 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITY	E E EET ADDRESS -ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS (-ST-ZIP	required when reinstating) . ADDITIONS/CHANGES TO OF	DATE	D DIRECT Change	ORS IN 12 Addition Addition
office or ragent. I a agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI PD GARCIA, JUAN F 7600 W. 20 AVE. SUITE 112 HIALEAH FL	nent and title if applicable. (NOIND DIRECTORS DELETE DELETE	E: Registered A 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITL 5	E E EET ADDRESS -ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS (-ST-ZIP E	required when reinstating) . ADDITIONS/CHANGES TO OF	DATE	D DIRECT Change	ORS IN 12 Addition Addition
office or ragent. I a agent. I a agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI PD GARCIA, JUAN F 7600 W. 20 AVE. SUITE 112 HIALEAH FL	pent and title if applicable. (NOT ND DIRECTORS DELETE DELETE	E: Registered A 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAM	E EET ADDRESS -ST-ZIP EET ADDRESS Y-ST-ZIP EET ADDRESS Y-ST-ZIP EET ADDRESS Y-ST-ZIP EET ADDRESS Y-ST-ZIP E EET ADDRESS (-ST-ZIP E	required when reinstating) . ADDITIONS/CHANGES TO OF	DATE	D DIRECT Change	ORS IN 12 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AI PD GARCIA, JUAN F 7600 W. 20 AVE. SUITE 112 HIALEAH FL	pent and title if applicable. (NOT ND DIRECTORS DELETE DELETE	E: Registered A 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITI 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STF 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STF	E E EET ADDRESS -ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS	required when reinstating) . ADDITIONS/CHANGES TO OF	DATE	D DIRECT Change	ORS IN 12 Addition Addition
Office or i agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI PD GARCIA, JUAN F 7600 W. 20 AVE. SUITE 112 HIALEAH FL	pent and title if applicable. (NOT ND DIRECTORS DELETE DELETE DELETE DELETE	E: Registered A 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STR 5.4 CITY 5.3 STR	E EET ADDRESS Y-ST-ZIP EET ADDRESS	required when reinstating) . ADDITIONS/CHANGES TO OF	DATE	D DIRECT Change	ORS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AI PD GARCIA, JUAN F 7600 W. 20 AVE. SUITE 112 HIALEAH FL	pent and title if applicable. (NOT ND DIRECTORS DELETE DELETE	E: Registered A 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITI 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STF 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STF	E EET ADDRESS Y-ST-ZIP EET ADDRESS	required when reinstating) . ADDITIONS/CHANGES TO OF	DATE	D DIRECT Change	ORS IN 12 Addition Addition 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 suppliemental 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 of the receiver or trusted 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. CITY-ST-ZIP

6.3 STREET ADDRESS

NAME

STREET ADDRESS

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90003 017 ***150.00