

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # G69819 (2)
1. Corporation Name
AMERILOAN MORTGAGE CORP.



Principal Place of Business
500 E. BROWARD BLVD.
STE #820
FT. LAUDERDALE FL 33394
US

Mailing Address
500 E. BROWARD BLVD.
STE #820
FT. LAUDERDALE FL 33394
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 983 N. NOB HILL RD.
Suite, Apt. #, etc.
22
City & State
23 PLANTATION, FL
Zip Country
24 33324 25 U.S.

2a. Mailing Address
26 983 N. NOB HILL RD.
Suite, Apt. #, etc.
27
City & State
28 PLANTATION, FL
Zip Country
29 33324 30 US

3. Date Incorporated or Qualified
10/20/1983

4. FEI Number
59-2437143

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MARULANDA, CARLOS A
500 E. BROWARD BLVD.
STE #820
FT. LAUDERDALE FL 33394

10. Name and Address of New Registered Agent

81 Name MARULANDA PABLO A.
82 Street Address (P.O. Box Number is Not Acceptable)
983 N. NOB HILL RD.
83
84 City PLANTATION FL 85 33324

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

Signature: typed or printed name of registered agent and date, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DO	MARULANDA, PABLO A	2656 JARDIN LANE	FT LAUDERDALE FL	<input type="checkbox"/>
DO	MARULANDA, CARLOS A	668 STANTON DRIVE	FT LAUDERDALE FL	<input checked="" type="checkbox"/>
DO	MARULANDA, CESAR A	664 STANTON DRIVE	FT LAUDERDALE FL	<input checked="" type="checkbox"/>
DO	MARULANDA, EDGAR A	812 SAND CREEK CIRCLE	FT LAUDERDALE FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		983 N. NOB HILL RD.	PLANTATION, FL 33324	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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 supplementary 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:

Pablo Marulanda 04-28-98 463-2900

CR2E034 (10/97)