SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 5, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 AUG -4 AM 10:36

DOCUMENT # **H35560** **(2)**

1. Corporation Name

CONTINENTAL TRUST MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
1321 S.W. 107 AVENUE SUITE 203A MIAMI FL 33174	1321 S.W. 107 AVENUE SUITE 203A MIAMI FL 33174

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **12/27/1984**
3a. Date of Last Report: **08/02/1994**
4. FEI Number: **59-2478247** ☐ 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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VILLANUEVA, CARLOS J. 1321 SW 107 AVE SUITE 205-A MIAMI FL 33174-2521	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCS	11 TITLE	☐ Change ☐ Addition
NAME	VILLANUEVA, CARLOS J.	12 NAME	
STREET ADDRESS	174 ISLA DORADA BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	AZOR, THERESA	22 NAME	
STREET ADDRESS	11715 SW 114TH CT.	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
~~TITLE~~	~~V~~	31 TITLE	☒ Change ☐ Addition
~~NAME~~	~~GONZALEZ, ALINA~~	32 NAME	GONZALEZ, ALINA
~~STREET ADDRESS~~	~~16822 STONEWATER CT.~~	33 STREET ADDRESS	15822 STONEWATER ST. DELETE
~~CITY-ST-ZIP~~	~~DAVIE FL.~~	34 CITY-ST-ZIP	DAVIE FL
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	LAMAS, JOSE ANTONIO	42 NAME	
STREET ADDRESS	338 COSTA BRACA CT	43 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	FLINN, DAVID	52 NAME	
STREET ADDRESS	2333 BRICKELL AVE #907	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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.

SIGNATURE: _____ 7-26-95 305220 x100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CARLOS J. VILLANUEVA Pres.

0060173 CP

H35560

ATTACHMENT TO BLOCK 12 FOR THE 1995 CORPORATION ANNUAL REPORT

ADDITIONAL DIRECTORS & OFFICERS

TITLE:	D
NAME:	SHOJAEE, MASOUD
STREET ADDRESS:	7111 LAGO DRIVE EAST
	CORAL GABLES, FL

TITLE:	V
NAME:	SALUM, ENRIQUE
STREET ADDRESS:	3075 NW 4TH TERRACE
	MIAMI, FL

TITLE:	V
NAME:	DUNN, ROBERT
STREET ADDRESS:	14490 STIRLING ROAD
	FORT LAUDERDALE, FL

TITLE:	V
NAME:	ARENCIBIA, THERESA
STREET ADDRESS:	13110 SW 17TH COURT
	MIRAMAR, FL

TITLE:	V / COMPTROLLER
NAME:	DUARTE, MAURICIO
STREET ADDRESS:	3691 SW 138 AVE
	MIAMI, FL

TITLE:	V
NAME:	DINAPOLI, VINCE
STREET ADDRESS:	14240 71ST PLACE N
	LOXAHATCHEE, FL

TITLE:	V
NAME:	GONZALEZ, URBANO
STREET ADDRESS:	11545 NW 88TH CT
	HIALEAH GARDENS, FL

TITLE:	V
NAME:	BALL-LLOVERA, MARY
STREET ADDRESS:	9715 SW 155 CT
	MIAMI, FL

TITLE:	V
NAME:	GELB, LOUIS
STREET ADDRESS:	2810 BOGOTA AVE
	COOPER CITY, FL