

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

FILED  
Apr 18 1996 8:00 am  
Secretary of State

DOCUMENT # **H35560** (2)

1. Corporation Name

**CONTINENTAL TRUST MORTGAGE CORPORATION**

Principal Place of Business

**1321 S.W. 107 AVENUE  
SUITE 203A  
MIAMI FL 33174**

Mailing Address

**1321 S.W. 107 AVENUE  
SUITE 203A  
MIAMI FL 33174**

3. Date Incorporated or Qualified  
**12/27/1984**

3a. Date of Last Report  
**08/04/1995**

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

24

25

29

30

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**

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PCS**  
STREET ADDRESS **VILLANUEVA, CARLOS J.**  
CITY-ST-ZIP **174 ISLA DORADA BLVD  
CORAL GABLES FL**

1.1 TITLE ☐ Change ☒ Addition  
NAME **V**  
1.2 NAME **MAURICIO DUARTE**  
1.3 STREET ADDRESS **1321 SW 107TH AVENUE - SUITE 203A**  
1.4 CITY-ST-ZIP **MIAMI, FL 33174**

TITLE ☐ DELETE  
NAME **V**  
STREET ADDRESS **AZOR, THERESA**  
CITY-ST-ZIP **11715 SW 114TH CT.  
MIAMI FL**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **THERESA ARENCIBIA**  
2.3 STREET ADDRESS **100 SOUTH PINE ISLAND ROAD, SUITE 124**  
2.4 CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **LAMAS, JOSE ANTONIO**  
CITY-ST-ZIP **336 COSTA BRACA CT  
CORAL GABLES FL**

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **V**  
3.3 STREET ADDRESS **VINCE DINAPOLI**  
3.4 CITY-ST-ZIP **2054 PALM BEACH LAKES BOULEVARD  
WEST PALM BEACH, FL 33409**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **FLINN, DAVID**  
CITY-ST-ZIP **2333 BRICKELL AVE #907  
MIAMI FL**

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **V**  
4.3 STREET ADDRESS **LOUIS GELB**  
4.4 CITY-ST-ZIP **1321 SW 107TH AVENUE - SUITE 203A  
MIAMI, FL 33174**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **V**  
5.3 STREET ADDRESS **MARIA GARCIA-CASALS**  
5.4 CITY-ST-ZIP **1321 SW 107TH AVENUE SUITE 203A  
MIAMI, FL 33174**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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

Date

Daytime Phone #

4-15-96 305220 & 00

CR2E034 (12/95)