SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Sep 19 1996 8:00 am
Secretary of State

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-10/04/95--01108--003
*****70.00 *****70.00

DOCUMENT # H35560

1. Corporation Name
CONTINENTAL TRUST MORTGAGE CORPORATION

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

3. Date Incorporated or Qualified: 12/27/1984
3a. Date of Last Report: 04/15/96

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (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

VILLANUEVA, CARLOS
1321 S.W. 107 AVE., SUITE# 205A
MIAMI, FL 33174

10. Name and Address of New Registered Agent

81 Name: VILLANUEVA, ALEJANDRA
82 Street Address (P.O. Box Number is Not Acceptable): 1321 S.W. 107 AVE., SUITE# 203A
83
84 City: MIAMI **FL** 85 Zip Code: 33174

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: Alejandra Villanueva 9/11/96
Signature, type or print 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PSC VILLANUEVA, CARLOS 174 ISLA DORADA BLVD CORAL GABLES, FL 33134	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P VILLANUEVA, ALEJANDRA LAMAS DE 1321 S.W. 107 AVE., SUITE# 203A MIAMI FL 33174	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V AZOR, THERESA 11715 S.W. 114 CT MIAMI, FL	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	V BRIMO, VICTORIA 1321 S.W. 107 AVE., SUITE# 203A MIAMI, FL 33174	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DURANTE, MAURICIO 1321 S.W. 107 AVE., SUITE# 203A MIAMI, FL 33174	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	D SHOJAEE, MARIA LAMAS DE 7111 LAGO DRIVE EAST CORAL GABLES, FL 33134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DINAPOLI, VINCE 2054 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33409	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	V ARENCIBIA, THERESA 1321 S.W. 107 AVE, SUITE 203A MIAMI, FL 33174	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GELB, LOUIS 1321 S.W. 107 AVE., SUITE# 203A MIAMI, FL 33174	☒ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	D LAMAS, JOSE ANTONIO 336 COSTA BRACA CT CORAL GABLES, FL	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GARCIA-CASALS, MARIA 1321 S.W. 107 AVE., SUITE# 203A MIAMI, FL 33174	☒ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	D FLINN, DAVID 2333 BRICKELL AVE., #907 MIAMI, FL	☐ Change ☐ Addition

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alejandra Villanueva 9-11-96 220-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #