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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
1997

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

AMENDED ANNUAL REPORT

DOCUMENT # H35560

1. Corporation Name
CONTINENTAL TRUST MORTGAGE CORPORATON

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

3. Date Incorporated or Qualified: 12/27/84
3a. Date of Last Report: 02/05/97

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, ALEJANDRA
1321 S.W. 107 AVE
SUITE# 203A
MIAMI, FL 33174

10. Name and Address of New Registered Agent

81 Name: LAMAS, ALEJANDRA
82 Street Address (P.O. Box Number is Not Acceptable): 1321 S.W. 107 AVE.
83 SUITE 203A
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 _____ 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	P ☐ DELETE	11 TITLE	P ☒ Change ☐ Addition
NAME	LAMAS DE VILLANUEVA, ALEJANDRA	12 NAME	LAMAS, ALEJANDRA
STREET ADDRESS	1321 S.W. 107 AVE.,SUITE#203A	13 STREET ADDRESS	1321 S.W. 107 AVE., SUITE# 203-A
CITY-ST-ZIP	MIAMI, FL 33174	14 CITY-ST-ZIP	MIAMI, FL 33174
TITLE	V ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	BRIMO, VICTORIA	22 NAME	
STREET ADDRESS	1321 S.W. 107 AVE., SUITE#203A	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33174	24 CITY-ST-ZIP	
	D ☐ DELETE	31 TITLE	☐ Change ☐ Addition
	LAMAS DE SHOJAEE, MARIA	32 NAME	
REET ADDRESS	7111 LAGO DRIVE EAST	33 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	34 CITY-ST-ZIP	
TITLE	V ☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	ARENCIBIA, THERESA	42 NAME	400002311424--8
STREET ADDRESS	1321 S.W. 107 AVE.,SUITE# 203A	43 STREET ADDRESS	-10/03/97-01081--018
CITY-ST-ZIP	MIAMI, FL 33174	44 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	D ☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	LAMAS, JOSE ANTONIO	52 NAME	
STREET ADDRESS	336 COSTA BRACA CT	53 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL	54 CITY-ST-ZIP	
TITLE	D ☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	FLINN, DAVID	62 NAME	
STREET ADDRESS	2333 BRICKELL AVE., #907	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL	64 CITY-ST-ZIP	

A. Alas 10/2/97

CR2E034 (9/96)

14. I do 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 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: _____ ALEJANDRA LAMAS 09/26/97 (305)220-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #