

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H35560

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/27/1984

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 owes the current year Intangible
Personal Property Tax ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAMAS, ALEJANDRA
1321 SW 107 AVE
SUITE 203-A
MIAMI FL 33174

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 **P** ☐ DELETE
NAME **LAMAS, ALEJANDRA**
STREET ADDRESS **1321 S.W. 107 AVE., SUITE #203A**
CITY-ST-ZIP **MIAMI FL 33174**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE **V** ☐ DELETE
NAME **BRIMO, VICTORIA**
STREET ADDRESS **1321 S.W. 107 AVE., SUITE #203A**
CITY-ST-ZIP **MIAMI FL 33174**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **LAMAS DE SHOJAE, MARIA**
STREET ADDRESS **7111 LAGO DRIVE EAST**
CITY-ST-ZIP **CORAL GABLES FL 33134**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE **V** ☐ DELETE
NAME **ARENCIBIA, THERESA**
STREET ADDRESS **1321 S.W. 107 AVE., SUITE 203A**
CITY-ST-ZIP **MIAMI FL 33174**

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

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

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

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

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

Alejandra Lamas

ALEJANDRA LAMAS PRESIDENT

1/14/99

305-220-8100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90006 035 *****8.75

03-17-1999 90006 036 ***150.00

