

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

Pd # 1492

DOCUMENT # H82313

(8)

1. Corporation Name

DADE BROWARD MORTGAGE, INC.



Principal Place of Business

Mailing Address

48960 B NW 2ND AVENUE
MIAMI FL 33169

18960 B NW 2ND AVENUE
MIAMI FL 33169

2. Principal Place of Business

2a. Mailing Address

21 13903 NW 67 Ave

26 Suite, Apt. #, etc.

22 Suite 240

27 City & State

23 Miami FL

28 Zip

24 33014 25 Dade

29 Country 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/23/1985

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0189630

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

10. Name and Address of New Registered Agent

ANGELLA, GINO
6441 HANCOCK ROAD
FT LAUDERDALE FL 33330

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 of agent

(If 011 Registered Agent Signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP
1. PST ANGELLA, GINO 6441 HANCOCK ROAD FT LAUD FL
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☐ Addition
2. 2. NAME
3. 3. STREET ADDRESS
4. 4. CITY-STATE-ZIP
5. 5. TITLE ☐ Change ☐ Addition
6. 6. NAME
7. 7. STREET ADDRESS
8. 8. CITY-STATE-ZIP
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96. 96. CITY-STATE-ZIP
97. 97. TITLE ☐ Change ☐ Addition
98. 98. NAME
99. 99. STREET ADDRESS
100. 100. CITY-STATE-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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/96

954-434-3355

CR2E034 (12/95)