

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # J28329

(7)

1. Corporation Name

MORTGAGE CENTER, INC.

95 MAY -1 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6401 S.W. 87TH AVENUE
SUITE #205
MIAMI FL 33173

Mailing Address

6401 S.W. 87TH AVENUE
SUITE #205
MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/11/1986

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2721524

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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 Now Registered Agent

DE LA TEJA, JORGE A.
6401 S.W. 87TH AVENUE
SUITE 205
MIAMI FL 33173

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

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

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CITY, ST, ZIP

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CITY, ST, ZIP

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STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

71 TITLE

72 NAME

73 STREET ADDRESS

74 CITY, ST, ZIP

81 TITLE

82 NAME

83 STREET ADDRESS

84 CITY, ST, ZIP

91 TITLE

92 NAME

93 STREET ADDRESS

94 CITY, ST, ZIP

101 TITLE

102 NAME

103 STREET ADDRESS

104 CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6)(b), Florida Statutes. I further certify that the information included 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 liquidator 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 additional sheet with an address.

SIGNATURE:

JORGE A. DE LA TEJA

Jorge A. De La Teja

4/28/95

595-8181