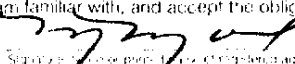
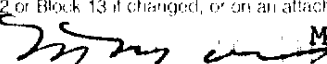


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K21153 (7) 1. Corporation Name FEDERATED MORTGAGE CORP.					
Principal Place of Business % MANUEL I. MONTES DE OCA 7220 NW 36TH ST STE 642 MIAMI FL 33166 US			Mailing Address % MANUEL I. MONTES DE OCA 7220 NW 36TH ST STE 642 MIAMI FL 33166-6737 US		
2. Principal Place of Business %Manuel I. Montes de Oca		2a. Mailing Address Manuel I. Montes de Oca		3. Date Incorporated or Qualified 04/18/1988	
Suite, Apt. #, etc. 7220 NW 36 St. #410		Suite, Apt. #, etc. 7220 NW 36 St. #410		4. FEI Number 65-0043874	
City & State Miami, Fl.		City & State Miami, Fl.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip 33166		Zip 33166		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Country USA		Country USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent MONTES DE OCA, MANUEL I. 7220 NW 36TH ST #642 MIAMI FL 33166			10. Name and Address of New Registered Agent 81 Name Manuel I. Montes de Oca 82 Street Address (P.O. Box Number is Not Acceptable) 7220 NW 36 St. #410 83 84 City Miami, Fl. FL 85 Zip Code 33166		
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  Manuel I. Montes de Oca DATE 1-7-97 Signature of registered agent or principal officer and director (if applicable) (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PS	☐ DELETE	11 TITLE	☐ Change ☐ Addition	
NAME	MONTES DE OCA, MANUEL I.		12 NAME		
STREET ADDRESS	12544 SW 119 TERR		13 STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL		14 CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE	VPT	☐ DELETE	21 TITLE		
NAME	MONTES DE OCA, ROSA P.		22 NAME		
STREET ADDRESS	12544 SW 119 TERR		23 STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL		24 CITY- ST- ZIP		
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition	
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY- ST- ZIP			34 CITY- ST- ZIP		
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition	
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY- ST- ZIP			44 CITY- ST- ZIP		
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition	
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY- ST- ZIP			54 CITY- ST- ZIP		
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition	
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY- ST- ZIP			64 CITY- ST- ZIP		
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:  Manuel I. Montes de Oca DATE 1-7-97 DAYTON'S PHONE # 305-599-0207 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)