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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	Mailing Address
% MANUEL I. MONTES DE OCA 7220 NW 36TH ST STE 642 MIAMI FL 33166 US	% MANUEL I. MONTES DE OCA 7220 NW 36TH ST STE 642 MIAMI FL 33166-6737 US

3. Date Incorporated or Qualified: 04/18/1988
3a. Date of Last Report: 01/23/1996

2. Principal Place of Business	2a. Mailing Address
21 %Manuel I. Montes de Oca	26 Manuel I. Montes de Oca
Suite, Apt. #, etc 22 7220 NW 36 St. #410	Suite, Apt. #, etc 27 7220 NW 36 St. #410
City & State 23 Miami, Fl.	City & State 28 Miami, Fl.
Zip 24 33166 Country 25 USA	Zip 29 33166 Country 30 USA

4. FEI Number: 65-0043874 ☐ 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	10. Name and Address of New Registered Agent
MONTES DE OCA, MANUEL I. 7220 NW 36TH ST #642 MIAMI FL 33166	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: [signature] Manuel I. Montes de Oca DATE: 1-7-97
Signature of one of the officers or 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	PS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MONTES DE OCA, MANUEL I.		1.2 NAME		
STREET ADDRESS	12544 SW 119 TERR		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	VPT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MONTES DE OCA, ROSA P.		2.2 NAME		
STREET ADDRESS	12544 SW 119 TERR		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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: [signature] Manuel I. Montes de Oca 1-7-97 305-599-0707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0226030