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 # K21153

STREET ADDRESS

FEDERATED MORTGAGE CORP.

		•							
Principal Place	e of Business	Mailing Address				(IDD 1810) BID 1188/ (IDD)	1:001 011 13 1 111 010 1	8:814 B B 016	atain areu taat
7220 NW 36 ST	г	7220 NW 36 ST							
#410	•	#410 MIAMI FL 33166				DO NOT	WRITE IN THI	S SPACE	1 1
MIAMI FL 33160 US	•	US			-	3. Date Incorporated or Qua		2 /	• • • • • • • • • • • • • • • • • • • •
30		••				04/18/1988			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Ar	plied For
21	•	26				65-0043874		No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5Certifcate.of Status Desi	red . \square	\$8.75	
22		27			÷			Fee Re	equired
City & State	e	City & State		•		6. Election Campaign Finar	ncing 🖂		May Be
23	Canada .	[28]	Cal	intry		Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	30	muy		This corporation owes the Personal Property Tax.	e current year I	ntangible Yes	Ď2No
24	9. Name and Address of Current	Pagistared Agent	30	1	<u> </u>	10. Name and Address of	New Registere		71.10
<u> </u>	9. Name and Address of Curent	registered Agent		81 Name		10. Haille dild Address of	itan itagistala	a rigoni	· ·
MOM	NTES DE OCA, MANUEL								
	NW 36 ST #410			82 Street	Address	s (P.O. Box Number is Not A	cceptable)		
MIAN	MI FL 33166			83		1.410.5%	1787 1 3 1 1 1 C	- 150 P31	10 10 10
							1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		到的可用
	•			84 City			F	85 Zip	Code
magnetic special control of the	,			<u> </u>		11 11 - 11	41	ef allowed in a lite	ragiotarad
office or realized agental a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligation familiar, byte or printed name of registered agent	if Florida: Such change was a ons of, Section 607.0505, Flo	uthorize orida Stat :: Registered	1 by the coro	oration's	s board of directors. I nereby	DATE	ointment as re	gistered
SIGNATURE	egistered agent, or both, in the State of m familiar with, and accept the obligation of signature, typed or printed name of registered agent OFFICERS AND	if Florida: Such change was a ons of, Section 607.0505, Flo and title if applicable. (NOTE D DIRECTORS	: Registered	d by the corputes. Agent signature i	oration's	s board of directors. I hereby	DATE	AND DIRECTO	DRS IN 12
SIGNATURE 12.	egistered agent, or both, in the State of m familiar with, and accept the obligation of signature, typed or printed name of registered agent OFFICERS AND PS	if Florida: Such change was a ons of, Section 607.0505, Flo	: Registered	I Agent signature	oration's	s board of directors. I nereby	DATE	ointment as re	gistered
SIGNATURE 12. TITLE NAME	egistered agent, or both, in the State of m familiar with, and accept the obligation of signature, typed or printed name of registered agent OFFICERS AND PS MONTES DE OCA, MANUEL I.	if Florida: Such change was a ons of, Section 607.0505, Flo and title if applicable. (NOTE D DIRECTORS	:: Registered	I by the corputes. Agent signature in TLE	required wh	s board of directors. I nereby	DATE	AND DIRECTO	DRS IN 12
office or ragental at SIGNATURE 12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the State of m familiar with, and accept the obligation of signature, typed or printed name of registered agent OFFICERS AND PS MONTES DE OCA, MANUEL I. 7220 NW 36 ST	if Florida: Such change was a ons of, Section 607.0505, Flo and title if applicable. (NOTE D DIRECTORS	:: Registered 13. 1.1 Ti 1.2 Ni 1.3 S	I by the corputes. I Agent signature in the control of the corporation of the corporatio	required wh	s board of directors. I nereby	DATE	AND DIRECTO	DRS IN 12
office or ragental articles agental articles agental articles are supported by the support of th	egistered agent, or both, in the State of m familiar with, and accept the obligation of printed name of registered agent OFFICERS AND PS MONTES DE OCA, MANUEL I. 7220 NW 36 ST MIAMI FL 33166	if Florida: Such change was a ons of, Section 607.0505, Flo and title if applicable. (NOTE) DIRECTORS	:: Registered 13. 1.1 TI 1.2 N. 1.3 S' 1.4 C	J by the corputes. I Agent signature in the signature in	required wh	s board of directors. I nereby	DATE	ND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State of m familiar with, and accept the obligation of the property of the state of manifestation of the state of manifestation of the state	if Florida: Such change was a ons of, Section 607.0505, Flo and title if applicable. (NOTE D DIRECTORS	:: Registered: 13. 1.1 TI 12 N. 1.3 S 1.4 C 2.1 TI	I by the corputes. I Agent signature i TLE AME IREET ADDRESS ITY-ST-ZIP TLE	required wh	s board of directors. I nereby	DATE	AND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State of m familiar with, and accept the obligation of the property of the state of manifestation of the state of manifestation of the state	if Florida: Such change was a ons of, Section 607.0505, Flo and title if applicable. (NOTE) DIRECTORS	13.	I de the corputes. I Agent signature i TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME	oration s	s board of directors. I nereby	DATE	ND DIRECTO	ORS IN 12
office or ragent I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State of m familiar with, and accept the obligation of the property of the state of manifest the state of manifest the state of	if Florida: Such change was a ons of, Section 607.0505, Flo and title if applicable. (NOTE) DIRECTORS	13. 1.1 TI 12 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S	I Agent signature in the signature in th	oration s	s board of directors. I nereby	DATE	ND DIRECTO	ORS IN 12
office or ragent in a gent	egistered agent, or both, in the State of m familiar with, and accept the obligation of the property of the state of manifestation of the state of manifestation of the state	if Florida: Such change was a ons of, Section 607.0505, Flo and title if applicable. (NOTE) DIRECTORS	:: Registerect 13. 1.1 Ti 12 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 C	I de the corputes. Agent signature i TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP	oration s	s board of directors. I nereby	DATE	ND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State of m familiar with, and accept the obligation of the property of the state of manifest the state of manifest the state of	if Florida: Such change was a ons of, Section 607.0505, Flo and title if applicable. (NOTE D) DIRECTORS	13. 1.1 TI 12 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S	I Agent signature I TLE AME ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE	oration s	s board of directors. I nereby	DATE	ND DIRECTO	DRS IN 12 Addition
office or ragent I a signature 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	egistered agent, or both, in the State of m familiar with, and accept the obligation of the property of the state of manifest the state of manifest the state of	if Florida: Such change was a ons of, Section 607.0505, Flo and title if applicable. (NOTE D) DIRECTORS	13. 1.1 Ti	I Agent signature I TLE AME ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE	oration s	s board of directors. I nereby	DATE	ND DIRECTO	DRS IN 12 Addition
office or ragent I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	egistered agent, or both, in the State of m familiar with, and accept the obligation of the property of the state of manifest the state of manifest the state of	if Florida: Such change was a ons of, Section 607.0505, Flo and title if applicable. (NOTE D) DIRECTORS	13. 1.1 Ti	I Agent signature in the corputes. I Agent signature in the corputes in the corpute in the corp	oration s	s board of directors. I nereby	DATE	ND DIRECTO	DRS IN 12 Addition
office or ragent I a signature 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	egistered agent, or both, in the State of m familiar with, and accept the obligation of the property of the state of manifest the state of manifest the state of	if Florida: Such change was a ons of, Section 607.0505, Flo and title if applicable. (NOTE D) DIRECTORS	13. 1.1 Ti	I Agent signature in the corputes. I Agent signature in the corputes in the corputes in the corpute in the cor	oration s	s board of directors. I nereby	DATE	ND DIRECTO	DRS IN 12 Addition
office or ragent lands and signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State of m familiar with, and accept the obligation of the property of the state of manifest the state of manifest the state of	if Florida: Such change was a ons of, Section 607.0505, Flo and title if applicable. (NOTE D DIRECTORS DELETE	13. 1.1 Til	I Agent signature in the corputes. I Agent signature in the corputes. ILE AME IREET ADDRESS ITY-ST-ZIP ILE AME IREET ADDRESS ITY-ST-ZIP ILE IREET ADDRESS ITY-ST-ZIP ILE IREET ADDRESS ITY-ST-ZIP ILE	oration s	s board of directors. I nereby	DATE	ND DIRECTO	DRS IN 12 Addition Addition
office or ragent I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State of m familiar with, and accept the obligation of the property of the state of manifest the state of manifest the state of	if Florida: Such change was a ons of, Section 607.0505, Flo and title if applicable. (NOTE D DIRECTORS DELETE	13. 1.1Tl 1.2 N 1.3 S 1.4 C 2.1 Tl 2.2 N 2.3 S 2.4 C 3.1 Tl 3.2 N 3.3 S 3.4 C 4.1 Tl 4.2 N 4.2	I Agent signature in the corputes. I Agent signature in the corputes in the corpute in the corp	required wh	s board of directors. I nereby	DATE	ND DIRECTO	DRS IN 12 Addition Addition
office or ragent I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	egistered agent, or both, in the State of m familiar with, and accept the obligation of the property of the state of manifest the state of manifest the state of	if Florida: Such change was a ons of, Section 607.0505, Flo and title if applicable. (NOTE D DIRECTORS DELETE	13. 1.1 1.2 1.3 1.3 1.4 1.5 1.4 1.5 1.5 1.4 1.5	I Agent signature in the corputes. I Agent signature in the corputes. ILE AME IREET ADDRESS ITY-ST-ZIP ILE AME IREET ADDRESS ITY-ST-ZIP ILE IREET ADDRESS ITY-ST-ZIP ILE IREET ADDRESS ITY-ST-ZIP ILE IAME IREET ADDRESS ITY-ST-ZIP ILE IAME IREET ADDRESS	required wh	s board of directors. I nereby	DATE	ND DIRECTO	DRS IN 12 Addition Addition
office or ragent I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State of m familiar with, and accept the obligation of the property of the state of manifest the state of manifest the state of	if Florida: Such change was a ons of, Section 607.0505, Flo and title if applicable. (NOTE D DIRECTORS DELETE	13. 1.1 1.2 1.3 1.3 1.4 1.5 1.4 1.5 1.5 1.4 1.5	I Agent signature i TLE AME TREET ADDRESS TITY-ST-ZIP TLE AME TREET ADDRESS TITY-ST-ZIP TLE TLE TLE TLE TLE TLE TLE TL	required wh	s board of directors. I nereby	DATE	ND DIRECTO	DRS IN 12 Addition Addition
office or ragent I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of m familiar with, and accept the obligation of the property of the state of manifest the state of manifest the state of	if Florida: Such change was a ons of, Section 607.0505, Flo and title if applicable. (NOTE D DIRECTORS DELETE DELETE	13. 1.1 1.2 1.3 1.3 1.4 1.5 1.4 1.5 1.5 1.4 1.5	I Agent signature i I Agent signature i ILE AME IREET ADDRESS ITY-ST-ZIP ILE AME IREET ADDRESS ITY-ST-ZIP ILE IREET ADDRESS ITY-ST-ZIP ILE IREET ADDRESS ITY-ST-ZIP ILE IAME IREET ADDRESS ITY-ST-ZIP ILE IAME IREET ADDRESS ITY-ST-ZIP ILE IAME IREET ADDRESS ITY-ST-ZIP ILE	required wh	s board of directors. I nereby	DATE	ND DIRECTC Change Change	DRS IN 12 Addition Addition Addition
office of ragent I are signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE	egistered agent, or both, in the State of m familiar with, and accept the obligation of the property of the state of manifest the state of manifest the state of	if Florida: Such change was a ons of, Section 607.0505, Flo and title if applicable. (NOTE D DIRECTORS DELETE DELETE	13. 1.1 1.2 1.3 1.3 1.4 1.5 1.4 1.5 1.4 1.5	I Agent signature i I Agent signature i ILE AME IREET ADDRESS ITY-ST-ZIP ILE AME IREET ADDRESS ITY-ST-ZIP ILE IREET ADDRESS ITY-ST-ZIP ILE IREET ADDRESS ITY-ST-ZIP ILE IAME IREET ADDRESS ITY-ST-ZIP ILE IAME IREET ADDRESS ITY-ST-ZIP ILE IAME IREET ADDRESS ITY-ST-ZIP ILE	required wh	s board of directors. I nereby	DATE	ND DIRECTC Change Change	DRS IN 12 Addition Addition Addition
office of ragent I are agent I are signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	egistered agent, or both, in the State of m familiar with, and accept the obligation of the property of the state of manifest the state of manifest the state of	if Florida: Such change was a ons of, Section 607.0505, Flo and title if applicable. (NOTE D DIRECTORS DELETE DELETE	Interpretation Inte	I Agent signature i I Agent signature i I LE AME IREET ADDRESS ITV-ST-ZIP TLE AME IREET ADDRESS ITV-ST-ZIP TLE IREET ADDRESS ITV-ST-ZIP TLE IREET ADDRESS ITV-ST-ZIP TLE IAME IREET ADDRESS ITV-ST-ZIP TLE IAME IREET ADDRESS ITV-ST-ZIP TLE AME	required wh	s board of directors. I nereby	DATE	ND DIRECTC Change Change	DRS IN 12 Addition Addition Addition
office of ragent I are agent I are signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State of m familiar with, and accept the obligation of the property of the state of manifest the state of manifest the state of	if Florida: Such change was a ons of, Section 607.0505, Flo and title if applicable. (NOTE D DIRECTORS DELETE DELETE	Interpretation Inte	I Agent signature i I Agent signature i II E AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE IREET ADDRESS ITY-ST-ZIP TLE IAME IREET ADDRESS ITY-ST-ZIP TLE IREET ADDRESS ITY-ST-ZIP TLE IREET ADDRESS ITY-ST-ZIP	required wh	s board of directors. I nereby	DATE	ND DIRECTC Change Change	DRS IN 12 Addition Addition Addition

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90056 035 ***150.00