

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

FILED

Mar 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K54114** (9)
1. Corporation Name
COMMITMENT MORTGAGE CO., INC.

Principal Place of Business 3027 SW 107 AVE SUITE 305 MIAMI FL 33165	Mailing Address C/O JULIAN HERNANDEZ 1150 NW 72ND AVE., SUITE 307 MIAMI FL 33126
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 12781 SW 42nd ST Suite, Apt. #, etc. 22 Suite I City & State 23 Miami FL Zip 24 33175 25 Dade		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 12/28/1988	
		4. FEI Number 65-0095951		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent ARRAZCAETA, JOSE R. 2940 SW 114 AVE MIAMI FL 33165				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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		(NOTE: Registered Agent signature required when reinstating)		DATE							
12. OFFICERS AND DIRECTORS						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
<input type="checkbox"/> DELETE						<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE						1.1 TITLE					
NAME						1.2 NAME					
STREET ADDRESS						1.3 STREET ADDRESS					
CITY-ST-ZIP						1.4 CITY-ST-ZIP					
<input type="checkbox"/> DELETE						<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE						2.1 TITLE					
NAME						2.2 NAME					
STREET ADDRESS						2.3 STREET ADDRESS					
CITY-ST-ZIP						2.4 CITY-ST-ZIP					
<input type="checkbox"/> DELETE						<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE						3.1 TITLE					
NAME						3.2 NAME					
STREET ADDRESS						3.3 STREET ADDRESS					
CITY-ST-ZIP						3.4 CITY-ST-ZIP					
<input type="checkbox"/> DELETE						<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE						4.1 TITLE					
NAME						4.2 NAME					
STREET ADDRESS						4.3 STREET ADDRESS					
CITY-ST-ZIP						4.4 CITY-ST-ZIP					
<input type="checkbox"/> DELETE						<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE						5.1 TITLE					
NAME						5.2 NAME					
STREET ADDRESS						5.3 STREET ADDRESS					
CITY-ST-ZIP						5.4 CITY-ST-ZIP					
<input type="checkbox"/> DELETE						<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE						6.1 TITLE					
NAME						6.2 NAME					
STREET ADDRESS						6.3 STREET ADDRESS					
CITY-ST-ZIP						6.4 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.

SIGNATURE: **Jose Arrazcaeta** 2/6/98 994-7533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0173814

CR2E034 (10/97)