Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90140 014 ***150.00

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 # K55879

1. Corporation Name

UNIMORTGAGE & INVESTMENT CORPORATION

		6.4-191				IN ISII MIAN SIBIL SIBII MISII		
Principal Place of Business		•	Mailing Address					
7875 BIRD RD			7875 BRID RD					
STE 215	=		STE 215			DO NOT WRITE IN THIS SPACE		
MIAMI FL 33155 US		MIAMI FL 33155 US		3. Date Incorporated or Qualified				
03		00			01/05/1989			
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number		plied For	
21		26	26		65-0090890	No	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional	
22		27	27		3. Certificate of Status Desired	Fee Re	equired	
City & State		City & State	City & State		6. Election Campaign Financing	_ \$5.00	May Be	
23		28	28		Trust Fund Contribution		to Fees	
Zip Country		Zip	Zip Country		8. This corporation owes the curre	nt year Intangible		
24	25	29 30	29 30		Personal Property Tax. Yes No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
			81	Name				
RIVA	is, J. Eduardo					····		
1630	S W 98TH AVE		82	Street Address (P.O. Box Number is Not Acceptable)				
SUITE #505			83	 		·		
MIAMI FL 33165			53				₹ [
	5.		84	City		85 Zip	Code	
	· · · · · · · · · · · · · · · · · · ·			<u> </u>		FL S		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.		AND DIRECTORS	13.	.,	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	ORS IN 12	
TITLE	PTD	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition	
NAME	RIVAS, J. EDUARDO	•	1.2 NAME					
STREET ADDRESS	1630 S W 98TH AVE			TADORESS	•			
-	MIAMI FL		1.4 CITY-S		÷ f		ļ	
CITY-ST-ZIP	VSD	□ DELETE	2.1 TITLE	1-ZIF		☐ Change	Addition	
TITLE	RIVAS, MARITZA V.						_ [
NAME	1630 S W 98TH AVE		2.2 NAME		ئ چىسىدى ئات - دىسى سىلامىيى بىد سود.	والمنتجاء المتحاد أدوان		
STREET ADDRESS		•	2.3 STREE			•	į	
CITY-ST-ZIP	MIAMI FL			ST- ZIP	_ 		Addition	
TITLE	•		3.1 TITLE	Ţ		. Change	☐ Addition	
NAME	• •		3.2 NAME		Ţ			
STREET ADDRESS	,		3.3 STREE	TADORESS	A.			
CITY-ST-ZIP	<u> </u>		3.4. CITY-5	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	Addition	
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STREET ADDRESS			4.3 STREE	TADDRESS			ļ	
CITY-ST-ZIP			4.4 CITY~S	T-ZIP			ł	
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition	
NAME			5.2 NAME		•		1	
		i	5.3 STREE	TADORESS			Ì	
STREET ADDRESS			5.4 CITY-S	l .	-		ļ	
CITY-ST-ZIP	<u> </u>	☐ DELETE	6.1 TITLE	 +		[T] Change	Addition	
TITLE .	M 345 2		62 NAME					
NAME	5 to 1 to			TADDOESS	•	•		
STREET ADDRESS	is nearning			TAODRESS				
	_		BACITY S	T_7ID				

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 of suppliemental 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 of 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.

SIGNATURE:

CITY-ST-ZIP

NATURE REQUIRE YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR