

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K59283

(7)

1. Corporation Name

AGRA MORTGAGE CORPORATION



Principal Place of Business

Mailing Address

C/O AGUSTIN O. LUIS SR.
780 N.W. LE JEUNE ROAD
MIAMI FL 33126

C/O AGUSTIN O. LUIS SR.
780 N.W. LE JEUNE ROAD
MIAMI FL 33126

3. Date Incorporated or Qualified

01/19/1989

3a. Date of Last Report

03/15/1995

2. Principal Place of Business

2a. Mailing Address

21 780 N.W. LE JEUNE ROAD

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 623

27

City & State

City & State

23 MIAMI, FL

28

Zip

Country

Zip

Country

24 33126

25 USA

29

30

4. FEI Number

65-0097979

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

LUIS, AGUSTIN O. SR.
2115 COUNTRY CLUB PRADO
CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME: PT
LUISS, AGUSTIN O. SR.
STREET ADDRESS: 2115 COUNTRY CLUB PRADO
CITY-ST-ZIP: CORAL GABLES FL

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME: V
OFELIA, LUIS
STREET ADDRESS: 2115 COUNTRY CLUB PRADO
CITY-ST-ZIP: CORAL GABLES FL

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)