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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K65316

PENINSULA MORTGAGE BANKERS CORPORATION

Principal Place of Business

Mailing Address

FILED May 13 1997 8:00am Secretary of State



2100 PONCE DE LEON BLVD SUITE 750 CORAL GABLES FL 33134-5200		2100 PONCE DE LEON BLVD SUITE 750 CORAL GABLES FL 33134-5215						
					3. Date Incorporated or Qualified 02/13/1989		of Last R 6/1996	leport
2. Principal Place of Business		2a. Mailing Address		<u></u>	4. FEI Number		Ar	oplied For
21		26			65-0099296			ot Applicable
Suite, Apt	#, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired	¥		Additional equired
City & Stat	lo	City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 24	Country 25	Zip 29	Country 30		8. This corporation has liability for in Florida Statutes	ntangible ta		. 199.032,
	g. Name and Address of Cur	rrent Registered Agent			10. Name and Address of New Reg	gistered A	gent	
	MICZ, JORGE		B1	Name				
	10 PONCE DE LEON BLVD., # RAL GABLES FL 33134-5200	750	82	Street Add	dress (P.O. Box Number is Not Acceptab	ole)		
			83					
			84	City		FL	85 Zip	Code
office or I	to the provisions of Sections 607, registered agent, or both, in the S am familiar with, and accept the of	tate of Florida. Such change was	authorized by	the corpora	rporation submits this statement for the patient's board of directors. I hereby accept	orpose of on the suppo	changing i intment as	ts registered registered
SIGNATURE								
	Storage is became or calcius decision of rocustores	d again) and title if emplicable (NO)	TE Bouletored Ann	d eignature recu	ined when reinstations	DAYE		
12	Signature typed or printed name of registered OFFICERS		····	nt signatura requ	ured when reinstating) ADDITIONS/CHANGES TO OFFIC	DAYE CERS AND I	DIRECTOR	RS IN 12
12 .		d agent and this if applicable. (NO AND DIRECTORS DELETE	13.	ignatura requ	ured when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR Change	
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res with this hilling does not qualify to the exemption stated in Section 119.07(3)(1), Horizontal annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that by the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name for on an attachment with an address. information indicated on this annual report of Lam an officer or director of the appears in Block 12 or Block 3

SIGNATURE: