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**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90140 013 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **K65316**

1. Corporation Name  
**PENINSULA MORTGAGE BANKERS CORPORATION**



Principal Place of Business: **2100 PONCE DE LEON BLVD., SUITE 750 CORAL GABLES FL 33134-5200**  
 Mailing Address: **2100 PONCE DE LEON BLVD., SUITE 750 CORAL GABLES FL 33134-5200**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>9415 SUNSET DR.</b>		26 <b>9415 SUNSET DR.</b>		02/13/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 <b>SUITE 111</b>		27 <b>SUITE 111</b>		65-0099296	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 <b>MIAMI, FL</b>		28 <b>MIAMI, FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 <b>33173 USA</b>		29 <b>33173 USA</b>		30 <b>USA</b>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>RAWICZ, JORGE</b> <b>2100 PONCE DE LEON BLVD., #750</b> <b>CORAL GABLES FL 33134-5200</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				<b>9415 SUNSET DR.</b>			
				83 <b>SUITE 111</b>			
84 City				85 Zip Code			
<b>MIAMI</b>				<b>FL 33173</b>			

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAWICZ, JORGE</b>	1.2 NAME	
STREET ADDRESS	<b>2100 PONCE DE LEON BLVD., SUITE 750</b>	1.3 STREET ADDRESS	<b>9415 SUNSET DR. # 111</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33134-5200</b>	1.4 CITY-ST-ZIP	<b>MIAMI, FL. 33173</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE **Jorge Rawicz** **JORGE RAWICZ** 3/1/99 305-448-3297  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/198)