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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

K74271

(3)

THE REAL ESTATE & MORTGAGE GROUP, INC.

FILED May 11 1998 8:00am Secretary of State

A KARABARA BIR KARIN HIBUR KARIN KARIN KARIN KARIN DIRKI BIRKI BIRKI BIRKI BIRKI BIRKI BIRKI BIRKI BIRKI

| | | | | | | | T FE DEBLU DIN EDDIC DINER INDIA DEPLU DE | 0 1 1 1 1 2 2 1 1 1 | | |
|--|--|---------------|---|----|----------------|--|---|--|--|--|
| Principal Place of Business Mailing Address | | | | | | T EQUITORI DIV JUDIT DIBITO NUMI DERIN AND LEGOT AND LEGOT BURIT DIDIT BYAN DIDIT TODA | | | | |
| S | 550 BISCAYNE BLVD HITTE 601 Alami FL 33137 IS | | 3550 BISCAYNE BLVD SUITE 601 MIAMI FL 33137 US | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/21/1989 | | | |
| 2 | Principal Place of Busin | ess | 2a. Mailing Address | | | | 4. FEI Number | Applied For | | |
| 21 | | 26 | | | | 65-0209440 | Not Applicable | | | |
| 22 | Suite, Apt. #, etc | Suite, Ap | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired Security Securi | | | | |
| 23 | City & State | | City & State | | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | |
| 24 | Z ip | Country 25 | Zip 29 | 30 | ountry | | This corporation owes or has paid the curre Personal Property Tax due June 30. | ent year Intangible] Yes | | |
| Name and Address of Current Registered Agent | | | | | | 10. Name and Address of New Registered Agent | | | | |
| | LAW, IAN 3550 BISCAYN SUITE 601 | | | | 81 82 83 | Name Street Addr | ress (P.O. Box Number is Not Acceptable) | | | |
| MIAMI FL 33137 | | | | | | | | | | |

84 City

| 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 leamiliar 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. | OFFICERS AND DIRECTORS | | 13. | | OFFICERS AND DIRECTOR | IS IN 12 | | | | | |
| TITLE | POT | DELETE | 1.1 TITLE | | Change | Addition | | | | | |
| NAME | LAW, IAN R. | | 1.2 NAME | | | | | | | | |
| STREET ADDRESS | 3550 BISCYANE BLVD STE 601 | | 1.3 STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | MIAMI FL | | 1.4 CITY-ST-ZIP | | | Ì | | | | | |
| TITLE | VDS | ■ D€LETE | 2.1 TIFLE | | Change | Addition | | | | | |
| NAME | LAW, GRACIELA B. | | 2.2 NAME | | | | | | | | |
| STREET ADDRESS | 3550 BISCYNE BLVD STE 601 | | 2.3 STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | MIAMI FL | | 2.4 CITY-ST-ZIP | | | | | | | | |
| TITLE | | DELETE | 3.1 TITLE | | ☐ Change | Addition | | | | | |
| NAME | | | 3.2 NAME | | | | | | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | | | 3 4. CITY-ST-ZIP | | | | | | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change | Addition | | | | | |
| NAME | | | 4. 2 NAME | | | | | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | i i | | | | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | | | | | | | |
| TITLE | | DELETE | 5.1 TITLE | | ☐ Change | ☐ Addition | | | | | |
| NAME | | | 5.2 NAME | | | | | | | | |
| STREET ADDRESS | | | 5.3 STREET ADORESS | | | | | | | | |
| CITY - ST - ZIP | | | 5.4 CITY-ST-ZIP | | | | | | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | Change | Addition | | | | | |
| NAME | | | 6.2 NAME | | | | | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | | | | | |
| I | | | | | | | | | | | |

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Zip Code