Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90021 007 ***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 # K77171

1. Corporation					
South	BEACH MORTGAGE ACQUI	SITION CORP.			
				# 1 181,8 115 8 15 1 98 1 1 98 1 198 1 1	
				_	
Principal Place	of Business	Mailing Address			,
230 FIFTH ST		C/O DAVID SCHARLIN			
SUITE 220 3635 BATTERSEA RD				DO NOT WRITE IN THIS SPACE	
MIAMI BEACH FL 33139 MIAMI FL 33133 US			3. Date Incorporated or Qualifed		
03		00		04/03/1989	
2. Principal Pl	ace of Business	2a. Mailing Address	1011	4. FEI Number	Applied For
21		26 No David	d Scharlin	65-0178285	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		`	\$8.75 Additional
22		27 10755 50	w ta st	5. Certificate of Status Desired	Fee Required
City & State	e	City & State	<i></i>	6. Election Campaign Financing	□ \$5.00 May Be
23		28 /MAM/	PU	Trust Fund Contribution	Added to Fees
Zip	Country	Zip 37,77	Country	8. This corporation owes the curre	
24	25	29 33173 3	0 04	Personal Property Tax.	☐ Yes XAVo
	9. Name and Address of Current	Registered Agent		10. Name and Address of New R	egistered Agent'
	ADURE DAIRE		81 Name	vavid Scharlin	
SCHARLIN, DAVID 82 Street Add			ess (P.O. Box Number is Not Accepta	ble)	
2501 HOLLYWOOD BLVD?				755 5W 72	st
	ALEL COMPA		83		
MIAMI FL 33133			(4 - 4 4)	85 Zip Code	
			771	1/77/1/	FL 3773
11. Pursuant	to the provisions of Sections 607.0502	t and 607.1508, Florida Statutes of Florida, Such change was aut	 the above-named corp horized by the corporation 	oration submits this statement for the on's board of directors. I hereby accept	t the appointment as registered
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Florid	la Statutes.	1	Dialas
SIGNATURE	ant		D SCHARL	<i>~</i>	DATE 199
40	Signature, typed or printed game of registered agent		egistered Agent signature require		FICERS AND DIRECTORS IN 12
12.		D DELETE	1,1 TITLE	ABBITIONS, OF INTROCE TO GET.	Change Addition
NAME	PD Scharlin, David		1.2 NAME		
	3635 BATTERSEA RD		1.3 STREET ADDRESS		
STREET ADDRESS			1.4 CITY-ST-ZIP		
CITY-ST-ZIP	MIAMI FL 33133 TD	☐ DELETÉ	2.1 TITLE		Change Addition
	FISHER, RANDALL C		2.2 NAME		
NAME OTDEET 4000000	7540 SW 114TH ST		2.3 STREET ADDRESS		
STREET ADDRESS			2.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	MIAMI FL 33156 VD	DELETE	3.1 TITLE	·	☐ Change ☐ Addition
NAME	RGBINS, CRAIG				
STREET ADDRESS	HOURS, CHAIG	/	3.2 NAME		
	220 EIETH ST	,	3.2 NAME 3.3 STREET ADDRESS		
	230 FIFTH ST	,	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139	☐ DELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	<u> </u>	[[] €hange
CITY-ST-ZIP TITLE	MIAMI BEACH FL 33139 SD	☐ DELETE	3.3 STREET ADDRESS	SPV	∏Change □ Addition
CITY-ST-ZIP TITLE NAME	MIAMI BEACH FL 33139 SD ROBINS, SCOTT	☐ DELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE	SPA	∏ C hange
CITY-ST-ZIP TITLE NAME STREET ADDRESS	MIAMI BEACH FL 33139 SD ROBINS, SCOTT 230 5TH ST	☐ DELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS	SPV	∏Change □ Addition
CITY-ST-ZIP TITLE NAME	MIAMI BEACH FL 33139 SD ROBINS, SCOTT	☐ DELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME	SPV	Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI BEACH FL 33139 SD ROBINS, SCOTT 230 5TH ST		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	\$P\	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MIAMI BEACH FL 33139 SD ROBINS, SCOTT 230 5TH ST		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	₹ ₽ √	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MIAMI BEACH FL 33139 SD ROBINS, SCOTT 230 5TH ST		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	₹ b V	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI BEACH FL 33139 SD ROBINS, SCOTT 230 5TH ST	☐ DELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition

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.

6.4 CITY-ST-ZIP

SIGNATURE:

SNATURE AND TYPE OF PRINTED PANE OF SIGNAL OFFICER OR DIRECTOR

2/12/99 Date

301/598-0280 Daytime Phone # 2E034 (11/98)