

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 # **K98639** (3)

1. Corporation Name

SPECIALTY MORTGAGE CORPORATION



Principal Place of Business

Mailing Address

**C/O JACQUELINE CASTRO
1140 W. 50TH ST., SUITE 307
HIALEAH FL 33012
US**

**C/O JACQUELINE CASTRO
1140 W 50TH ST. SUITE 307
HIALEAH FL 33012
US**

| | | | | | | | |
|--------------------------------|--|---------------------|--|---|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | | 3a. Date of Last Report | |
| 21 | | 26 | | 06/26/1989 | | 04/24/1995 | |
| Suite, Apt #, etc. | | Suite, Apt #, etc. | | 4. FEI Number | | Applied For | |
| 22 | | 27 | | 65-0133094 | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired | | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | | 28 | | 6. Election Campaign Financing Trust Fund Contribution | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip | | Country | | 24 | | 25 | |
| 29 | | 30 | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CASTRO, JACQUELINE
6325 N.W. 113 TERRACE
HIALEAH FL 33012**

| | | | |
|----|--|---------------------------------|--------------|
| 81 | Name | JACQUELINE CASTRO | |
| 82 | Street Address (P.O. Box Number is Not Acceptable) | 1140 W. 50 ST. SUITE 307 | |
| 83 | | | |
| 84 | City | HIALEAH | 85 Zip Code |
| | | FL | 33012 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, I, the undersigned, hereby certify that this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida, 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]* **ENRIQUE CASTRO VP** 5/12/96
Signature typed or printed name of registered agent or new registered agent (Print Name of Registered Agent Signature required when replacing)

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|------------------|-------------|----------------------|---|--------------------------|-------------|--------------------|
| TITLE | VTS | NAME | CASTRO, ENRIQUE, JR. | 1. TITLE | VTS | NAME | CASTRO, ENRIQUE |
| STREET ADDRESS | 6325 NW 113 TERR | CITY-ST-ZIP | HIALEAH FL | 2. STREET ADDRESS | 1140 W. 50 ST. SUITE 307 | CITY-ST-ZIP | HIALEAH, FL. 33012 |
| TITLE | PM | NAME | CASTRO, JACQUELINE | 3. TITLE | PM | NAME | CASTRO, JACQUELINE |
| STREET ADDRESS | 6325 NW 113 TERR | CITY-ST-ZIP | HIALEAH FL | 4. STREET ADDRESS | 1140 W. 50 ST. SUITE 307 | CITY-ST-ZIP | HIALEAH, FL. 33012 |
| TITLE | | NAME | | 5. TITLE | | NAME | |
| STREET ADDRESS | | CITY-ST-ZIP | | 6. STREET ADDRESS | | CITY-ST-ZIP | |
| TITLE | | NAME | | 7. TITLE | | NAME | |
| STREET ADDRESS | | CITY-ST-ZIP | | 8. STREET ADDRESS | | CITY-ST-ZIP | |
| TITLE | | NAME | | 9. TITLE | | NAME | |
| STREET ADDRESS | | CITY-ST-ZIP | | 10. STREET ADDRESS | | CITY-ST-ZIP | |
| TITLE | | NAME | | 11. TITLE | | NAME | |
| STREET ADDRESS | | CITY-ST-ZIP | | 12. STREET ADDRESS | | CITY-ST-ZIP | |
| TITLE | | NAME | | 13. TITLE | | NAME | |
| STREET ADDRESS | | CITY-ST-ZIP | | 14. STREET ADDRESS | | CITY-ST-ZIP | |
| TITLE | | NAME | | 15. TITLE | | NAME | |
| STREET ADDRESS | | CITY-ST-ZIP | | 16. STREET ADDRESS | | CITY-ST-ZIP | |
| TITLE | | NAME | | 17. TITLE | | NAME | |
| STREET ADDRESS | | CITY-ST-ZIP | | 18. STREET ADDRESS | | CITY-ST-ZIP | |
| TITLE | | NAME | | 19. TITLE | | NAME | |
| STREET ADDRESS | | CITY-ST-ZIP | | 20. STREET ADDRESS | | 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/96 (305) 823-8484

CR2E034 (12/95)