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

3. Date Incorporated or Qualified: 06/26/1989	3a. Date of Last Report: 04/24/1995
4. FEI Number: 65-0133094	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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: ENRIQUE CASTRO VP 5/12/96
Signature, typed or printed name of registered agent and title, if applicable (Note: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VTS	☐ DELETE	1.1 TITLE	VTS	☒ Change ☐ Addition
NAME	CASTRO, ENRIQUE, JR.		1.2 NAME	CASTRO, ENRIQUE	
STREET ADDRESS	6325 NW 113 TERR		1.3 STREET ADDRESS	1140 W. 50 ST. SUITE 307	
CITY-ST-ZIP	HIALEAH FL		1.4 CITY-ST-ZIP	HIALEAH, FL. 33012	
TITLE	PM	☐ DELETE	2.1 TITLE	PM	☒ Change ☐ Addition
NAME	CASTRO, JACQUELINE		2.2 NAME	CASTRO, JACQUELINE	
STREET ADDRESS	6325 NW 113 TERR		2.3 STREET ADDRESS	1140 W. 50 ST. SUITE 307	
CITY-ST-ZIP	HIALEAH FL		2.4 CITY-ST-ZIP	HIALEAH, FL. 33012	
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		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	600001857028 -06/10/96--01025--008 ***233.75	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	6-10-96	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: 5/12/96 (305) 823-8484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #