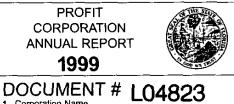
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90217 011 ***150.00

| U.S. FINANCIAL MORTGAGE CORPORATION | | | | | | | |
|-------------------------------------|--|---|-----------------------------------|---|------------------------------------|---------------------------|-----------------|
| Principal Place | TH STREET | Mailing Address | | | | | |
| MIAMI FL 33186 MIAMI FL 33186 | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | 3. Date Incorporated or Qualifed | | | 1 |
| | | | | 07/26/1989 | | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | 4. FEI Number | A | pplied For | |
| 21 11431 | 0 5W. 88 St. | 26 | | 65-0136225 | | ot Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 | May Be | |
| 23 Mio | imi TI. | 28 | | Trust Fund Contribution | Added | to Fees | |
| Zip | Country | Zip | Country | 8. This corporation owes the current year | | | |
| 24 331 | | 29 30 | L | Personal Property Tax. | Yes | No | ļ |
| | 9. Name and Address of Currer | ıt Registered Agent | 81 Name | 10. Name and Address of New Registere | d Agent | | |
| CAN | TOS, ADA G. | | 81 Name | DA G. SANTOS | | | |
| | 1 SW 144 STREET | | 82 Street Add | ress (P.O. Box Number is Not Acceptable) | | | |
| | All FL 33196 | | 83 | 130 3W, 88 SF | | | 1 |
| MICH | W 1 E 00 100 | | .5/ | rite 244 | | | |
| | | | 84 City | iami F | 85 Zip | Code 7/- | ĺ |
| office or r | egistered agent, or both, in the State m familiar with, and accept the obliga | of Florida. Such change was autho atlons of, Section 607.0505, Florida | orized by the corporate Statutes. | oration submits this statement for the purpose on's board of directors. I hereby accept the app | of changing its pointment as re | s registered egistered | |
| | Signature, typed or printed name of registered age | | istered Agent signature require | | AND DIDEOT | 000 111 40 | 8 |
| 12. | | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS | Change | | 13,5 |
| TITLE | PD C | □ perrie | | | LJ change | | CR2E034 (11/98) |
| NAME | SANTOS, ADA G 13730 S.W. 18TH TERR. | 4 | 1.3 STREET ADDRESS | | | | 8 |
| STREET ADDRESS | MIAMI FL 33175 | | ı | | | | ZE |
| CITY-ST-ZIP TITLE | SB . | ☐ DELETE | 1.4 CITY-ST-ZIP 2.1 TITLE | | [] Change | Addition | 5 |
| NAME | FERNANDEZ, CARLOS G. | <u> </u> | 2.2 NAME | | 23 0 | _ | |
| | 7810 S.W. 84TH-COURT | | 2.3 STREET ADDRESS | | | | |
| STREET ADDRESS | MIAMI-FL | | 2. 4 CITY-ST-ZIP | | | | |
| CITY-ST-ZIP TITLE | PHOTON I E | ☐ DELETE | 3,1 TITLE | | Change | Addition | |
| NAME | | | 3.2 NAME | | - | | i |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | | ì |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | | | |
| TILE | | ☐ DELETE | 4.1 TITLE | | Change | ☐ Addition | |
| NAME | | | 4. 2 NAME | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | | ĺ |
| CITY-ST-ZIP | | 1 | 44 CITY-ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | • | Change | ☐ Addition | |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | 53 STREET ADDRESS | | | | |
| 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 | | | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | | | j |

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 in 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 of trusted 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 appendix with an address, with all other like empowered.

SET IN TO SHIE

SIGNATURE:

305.256-0504