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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -9 AM 8:43

DOCUMENT # L42653 (0)

1. Corporation Name

MIAMI FEDERAL MORTGAGE CORPORATION

Principal Place of Business

420 LINCOLN RD. # 362
MIAMI FL 33129

Mailing Address

420 LINCOLN RD. # 362
MIAMI FL 33129

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/10/1990

3a. Date of Last Report

07/14/1994

2. Principal Place of Business

21 7221 Coral Way

2a. Mailing Address

26 7221 Coral Way

Suite, Apt. #, etc.

22 202

Suite, Apt. #, etc.

27 202

City & State

23 Miami, FL

City & State

28 Miami FL

Zip

24 33155

Country

Zip

29 33155

Country

30

4. FEI Number

65-0163147

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

9. Name and Address of Current Registered Agent

~~PLEBAN, RICHARD~~
420 LINCOLN ROAD
#362
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name Richard Kendle
82 Street Address (P.O. Box Number is Not Acceptable) 7221 Coral Way #202
83
84 City Miami FL 85 Zip Code 33139

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Richard D. Kendle

3/1/95

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	PLEBAN, RICHARD E.	420 LINCOLN ROAD #362	MIAMI BEACH FL
V	ALVAREZ, JORGE	420 LINCOLN RD. # 362	MIAMI FL 33129
T	SACKIE, J. LYLE	420 LINCOLN RD. # 362	MIAMI FL 33129
S	NOA, RATSELL	420 LINCOLN RD. # 362	MIAMI FL 33129

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
1.1	Richard Kendle	7221 Coral Way #202	MIAMI, FL 33155	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1	Jorge Alvarez	7221 Coral Way #202	MIAMI, FL 33155	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1	J. Lyle Sackie	7221 Coral Way #202	MIAMI, FL 33155	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1	Ratseil Noa	7221 Coral Way #202	MIAMI, FL 33155	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1				<input type="checkbox"/>	<input type="checkbox"/>
6.1				<input type="checkbox"/>	<input type="checkbox"/>
7.1				<input type="checkbox"/>	<input type="checkbox"/>

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 in person; 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:

Richard D. Kendle (Richard D. Kendle) 3/1/95

305 261-4162

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

(Type) (Typed Name)