

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.0

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90060 046 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **L42653**

1. Corporation Name  
**MIAMI FEDERAL MORTGAGE CORPORATION**



Principal Place of Business  
 116 SW 28TH RD  
 MIAMI FL 33129  
 US

Mailing Address  
 116 SW 28 ROAD  
 MIAMI FL 33129  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 **7725 NE 8 Ave**  
 Suite, Apt. #, etc.  
 22  
 City & State  
 23 **Miami FL**  
 Zip Country  
 24 **33138 FL USA**

2a. Mailing Address  
 26 **7725 NE 8 Ave**  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28 **Miami FL**  
 Zip Country  
 29 **33138 USA**

3. Date Incorporated or Qualified  
**01/10/1990**

4. FEI Number  
**65-0163147**

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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**KENDLE, RICHARD**  
**116 SW 28TH RD**  
**MIAMI FL 33129**

10. Name and Address of New Registered Agent

81 Name **Richard Kendle**

82 Street Address (P.O. Box Number is Not Acceptable)  
**7725 NE 8 Ave**

83

84 City **Miami** FL 85 Zip Code **33138**

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* DATE **4/28/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>KENDLE, RICHARD</b>	
STREET ADDRESS	<b>116 SW 28TH RD</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>ALVAREZ, JORGE</b>	
STREET ADDRESS	<b>116 SW 28TH RD</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>SACKIE, J. LYLE</b>	
STREET ADDRESS	<b>116 SW 28TH RD</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ALBERT JIMENEZ</b>	
STREET ADDRESS	<b>116 SW 28TH RD</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Kendle Richard</b>	
1.3 STREET ADDRESS	<b>7725 NE 8 Ave</b>	
1.4 CITY-ST-ZIP	<b>Miami FL 33138</b>	
2.1 TITLE	<b>V. President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Alvarez Jorge</b>	
2.3 STREET ADDRESS	<b>7725 NE 8 Ave</b>	
2.4 CITY-ST-ZIP	<b>Miami FL 33138</b>	
3.1 TITLE	<b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Sackie J. Lyle</b>	
3.3 STREET ADDRESS	<b>7725 NE 8 Ave</b>	
3.4 CITY-ST-ZIP	<b>Miami FL 33138</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: *Richard D. Kendle* DATE **4/28/99** TIME **305 613-7424**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (11/98)