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PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # **L56428**

1. Corporation Name
AIB MORTGAGE COMPANY

Principal Place of Business	Mailing Address
2500 NW 79 AVE MIAMI FL 33122 US	2500 NW 79 AVE MIAMI FL 33122 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 03/07/1990

4. FEI Number: 65-0179723 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

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

9. Name and Address of Current Registered Agent

CONE, PERRY I
2500 NW 79TH AVE.
MIAMI FL 33122

10. Name and Address of New Registered Agent

81 Name: AMKGS REGISTERED AGENTS, INC.
82 Street Address (P.O. Box Number is Not Acceptable): One S.E. Third Avenue, Suite 1980
83
84 City: Miami FL 85 Zip Code: 33131

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: [signature] April 19, 1999.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	☒ DELETE	1.1 TITLE	Florentino Diaz	☐ Change ☒ Addition
NAME	FERNANDEZ, SERGIO		1.2 NAME	President/Treasurer/Director	
STREET ADDRESS	2500 NW 79TH AVE.		1.3 STREET ADDRESS	2500 NW 79 Avenue	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami FL 33122	
TITLE	ASD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SOTO, JOHN		2.2 NAME		
STREET ADDRESS	2500 NW 79 AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	ASDT	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TORGAS, ED S.		3.2 NAME		
STREET ADDRESS	2500 NW 79 AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	DC	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ALVAREZ, JOSE M.		4.2 NAME		
STREET ADDRESS	2500 NW 79TH AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	VD and Secretary	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SASTRE, ARISTIDES J		5.2 NAME		
STREET ADDRESS	2500 NW 79 AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CONE, PERRY I		6.2 NAME		
STREET ADDRESS	2500 NW 79 AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33122		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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)