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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Dorinda B. Northrup
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L60590** (1)

1. Corporation Name
ADVANTAGE MORTGAGE COMPANY

Principal Place of Business Mailing Address
**820 EAST 41ST STREET SUITE 200
HALEAH FL 33013** **820 EAST 41ST STREET SUITE 200
HALEAH FL 33013**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated (and Revised) 03/23/1990	3a. Date of Last Report 04/29/1994
4. FFI Number 65-0186483	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.030, Florida Statute. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
State, Apt. #, etc. 22	State, 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		10. Name and Address of New Registered Agent	
RUBIO, JOSE J 12031 SW 78 TER MIAMI FL 33183		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. State	FL
	85. Zip Code		

11. Pursuant to the provisions of Sections 603, 604 and 607, 1991, Florida Statute, 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, 1991, Florida Statute.

SIGNATURE: _____ Date: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01. NAME PS RUBIO, JOSE J	01. NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
02. STREET ADDRESS 12031 SW 78 TER	02. NAME		
03. CITY, ST. OR ZIP MIAMI FL	03. STREET ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
04. NAME	04. NAME		
05. STREET ADDRESS	05. STREET ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
06. CITY, ST. OR ZIP	06. NAME		
07. NAME	07. STREET ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
08. STREET ADDRESS	08. NAME		
09. CITY, ST. OR ZIP	09. STREET ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
10. NAME	10. NAME		
11. STREET ADDRESS	11. STREET ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
12. CITY, ST. OR ZIP	12. NAME		
13. NAME	13. STREET ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
14. STREET ADDRESS	14. NAME		
15. CITY, ST. OR ZIP	15. STREET ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 199.030(1), Florida Statute. I further certify that the information included 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 eligible officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 199, Florida Statute, and that my name appears in Block 12 or Block 13 of this report, or on a supplemental report, with an address.

SIGNATURE: *Jose J. Rubio* **Jose J. Rubio** 4/27/95 (305)693-4019