FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L64450** **(4)**

1. Corporation Name

HOME LOANS, INC.

Principal Place of Business	Mailing Address
~~7221 SW 24 STR~~ ~~STE 211~~ ~~MIAMI FL 33155~~ US	~~7221 SW 24 STR~~ ~~STE 211~~ ~~MIAMI FL 33155~~ US

2. Principal Place of Business	2a. Mailing Address
21 12173 SW 131 Ave	26 12173 SW 131 Ave
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami FL	City & State 28 Miami FL
Zip 24 33186 Country 25 US	Zip 29 33186 Country 30 US

3. Date Incorporated or Qualified: 04/09/1990

3a. Date of Last Report: 04/18/1995

4. FEI Number: 65-0197251 ☐ 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

MENENDEZ, CAROL A.
9990 MARLIN ROAD
MIAMI FL 33189

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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, typed or printed name of registered agent or authorized agent, title) (NOTE: Registered Agent signature required for any change) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MENENDEZ, CAROL A.		1.2 NAME	
STREET ADDRESS	~~10720 CARIBBEAN BLVD., SUITE 420~~ 12173 SW 131 Ave		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL ~~33189~~ 33186		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	COWAN, ALIDA		2.2 NAME	
STREET ADDRESS	~~7221 CORAL WAY, SUITE 211~~ 12173 SW 131 Av		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL ~~33155~~ 33186		2.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JOSE I CARRODEGUAS		3.2 NAME	
STREET ADDRESS	12173 SW 131 AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33186		3.4 CITY-ST-ZIP	
TITLE	ASSIST SEC	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Trisha L Carvajal		4.2 NAME	
STREET ADDRESS	12173 SW 131 Ave.		4.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33186		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 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	

CR2E034 (12/95)

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 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.

SIGNATURE: _____ 4/6/96 305 254-5180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR AUTHORIZED RECEIVER — Date — Daytime Phone #

Home Loans, Inc.