

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #
1. Corporation Name

L68350
A-1 Money Mortgage, Inc.

Principal Place of Business

Mailing Address

2750 SW 87 ave
Suite 204
MIAMI, FL 33165

SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4-25-90

2. Principal Place of Business

2a. Mailing Address

21 2750 SW 87 ave

26 Suite, Apt. #, etc.

22 204

27 Suite, Apt. #, etc.

23 City & State

28 City & State

MIAMI, FL

28 City & State

24 Zip

Country

33165

USA

29 Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

ANDRICKSON VASQUEZ

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

2750 SW 87 ave Suite 204

83

84 City

MIAMI, FL

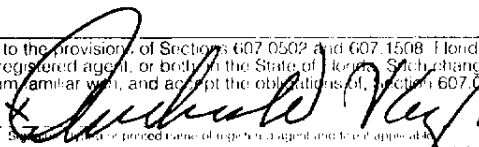
FL

85 Zip Code

33165

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



ANDRICKSON VASQUEZ

February 4, 1998

12. OFFICERS AND DIRECTORS

TITLE	DIANA TAYL, President	☒ DELETE
NAME		
STREET ADDRESS	8890 CORAL WAY, Suite 213	
CITY-ST-ZIP	MIAMI, FL 33165	

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT, TREASURER	☐ Change ☒ Addition
1.2 NAME	ANDRICKSON VASQUEZ	
1.3 STREET ADDRESS	2750 SW 87 ave, Suite 204	
1.4 CITY-ST-ZIP	MIAMI, FL 33165	

2.1 TITLE	Secretary, Vice President	☐ Change ☒ Addition
2.2 NAME	ORLANDO DE FREAS	
2.3 STREET ADDRESS	2750 SW 87 ave, Suite 204	
2.4 CITY-ST-ZIP	MIAMI, FL 33165	

3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

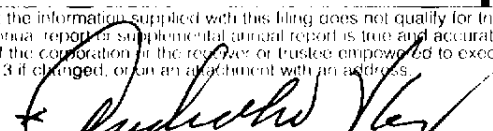
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		☐ Change ☐ 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 in an attachment with an address.

SIGNATURE:



February 4, 1998 (305)2201660

CR2E034 (10/97)