

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

97 AUG -5 AM 10:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L75660

(5)

1. Corporation Name
HOMESAFE MORTGAGE COMPANY

Principal Place of Business 1800 SW 27TH AVENUE SUITE 505 MIAMI FL 33145 US	Mailing Address 799 Brickell Plaza Suite 603 Miami, FL 33131 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 05/24/1990 4. FEI Number 65-0214095 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	3a. Date of Last Report 03/22/1996 Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent MONTEAGUDO, ORLANDO J 1800 SW 27TH AVENUE SUITE 505 MIAMI FL 33145 799 Brickell Plaza Suite 603 Miami, FL 33131	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
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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 Orlando J. Monteaudo DATE 7/10/97
Signature, typed or printed name of registered agent and title (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONTEAGUDO, ORLANDO J. 1800 SW 27TH AVE., #505 MIAMI FL 799 Brickell Plaza, #603 Miami, FL 33131	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MONTEAGUDO, OMAIDA 1800 SW 27TH AVE., #505 MIAMI FL 799 Brickell Plaza, #603 Miami, FL 33131	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

SIGNATURE Orlando J. Monteaudo

11. CR2E034 (4/97)

(2)

**HOMESAFE MORTGAGE COMPANY
799 BRICKELL PLAZA
SUITE 603
MIAMI, FLORIDA 33131-2808
TEL (305) 567-1800
FAX (305) 460-5959**

July 31, 1997

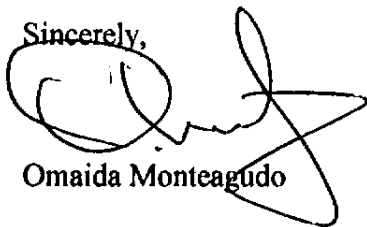
Ms. Brenda Tadlock
Sr. Corporate Section Administrator
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Tadlock,

As per my conversation with you on July 31, you asked me to state the date the original check was first sent which was in mid January 1997. Please take into account our history of payments, we have always been on time.

Your cooperation on this matter is appreciated.

Sincerely,



Omaid Monteagudo

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**HOMESAFE MORTGAGE COMPANY
799 BRICKELL PLAZA
SUITE 603
MIAMI, FLORIDA 33131-2808
TEL (305) 567-1800
FAX (305) 460-5959**

July 16, 1997

Department of State
Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

To whom it may concern:

As per my conversation with a gentlemen by the name of Doug, I explained to him that our office got broken in to and not only was everything stolen (computers, faxes, telephones, papers, radio, etc.) but they vandalized our office and the things they did not take (tables, paintings, chairs, etc.).

I also explained to Doug, that we had sent one check for each company, Homesafe Mortgage Company and Nationwide Medical Finance Group (each in the amount of \$165.00) in the same envelope. On July 15, 1997 we received a second notice to file a 1997 Profit Corporation Annual Report for Homesafe Mortgage Company but not for Nationwide Medical Finance Group. Obviously, the checks must have gotten lost. Furthermore, we have no way of finding out the check numbers for these checks.

Doug asked me to re-send two checks in the amount \$165.00 each for the two companies.

Sincerely,

Omaida Monteagudo