FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 8:49

DOCUMENT # L77678 (5)

1. Corporation Name
MORTGAGE MASTERS INVESTORS, INC.

Principal Place of Business	Mailing Address
C/O MAGALY TELLERIA 1401 SW 107 AVE. S-301-M MIAMI FL 33174	C/O MAGALY TELLERIA 1401 SW 107 AVE. S-301-M MIAMI FL 33174

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/01/1990
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business
21: N/A
Suite, Apt. #, etc. 22: —
City & State 23: —
Zip 24: — Country 25: —

2a. Mailing Address
26: N/A
Suite, Apt. #, etc. 27: —
City & State 28: —
Zip 29: — Country 30: —

4. FEI Number: 65-0214679 ☐ 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

TELLERIA, MAGALY
47 S.W. 136TH PLACE
MIAMI FL 33184

10. Name and Address of New Registered Agent

81 Name: MAGALY TELLERIA
82 Street Address (P.O. Box Number is Not Acceptable): 3150 SW 109 AVE
83:
84 City: MIAMI 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	TELLERIA, MAGALY	1.2 NAME	MAGALY TELLERIA
STREET ADDRESS	47 S.W. 136TH PLACE	1.3 STREET ADDRESS	3150 SW 109 AVE
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI FL 33165
TITLE	V	2.1 TITLE	VP ☒ Change ☐ Addition
NAME	BERNAL, ILEANA	2.2 NAME	ILEANA BERNAL
STREET ADDRESS	70 N.W. 32ND COURT	2.3 STREET ADDRESS	11385 SW 32 STREET
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI FL 33165
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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: PRESIDENT MAGALY TELLERIA 2/3/95 305-223-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0100020 CP