

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90063 001 \*\*\*150.00

DOCUMENT # L77678

1. Corporation Name  
MORTGAGE MASTERS INVESTORS, INC.

102093 - 90063 - 1



Principal Place of Business

C/O MAGALY TELLERIA  
1401 SW 107 AVE. S-301-M  
MIAMI FL 33174

Mailing Address

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

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 owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21. N/A  
Suite, Apt. #, etc.

2a. Mailing Address

26. N/A  
Suite, Apt. #, etc.

22. N/A  
City & State

27. N/A  
City & State

23. N/A  
Zip

Country N/A

28. N/A  
Zip

Country N/A

24. N/A

25. N/A

29. N/A

30. N/A

9. Name and Address of Current Registered Agent

TELLERIA, MAGALY  
3150 SW 107 AVE  
MIAMI FL 33165

10. Name and Address of New Registered Agent

81. Name

SAME

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

SAME

83.

SAME

84. City

SAME

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME TELLERIA, MAGALY

STREET ADDRESS 3150 SW 109 AVE

CITY-ST-ZIP MIAMI FL

TITLE VP ☒ DELETE

NAME CRUZ, ILEANA

STREET ADDRESS 11385 SW 32 STREET

CITY-ST-ZIP MIAMI FL

TITLE VP ☒ DELETE

NAME LOPEZ, LORENZO A

STREET ADDRESS 3150 SW 109TH AVE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE: MAGALY TELLERIA

01-13-99 305-223-5100

CR2E034 (1/98)