

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 12, 1999 8:00 am**  
**Secretary of State**

07-12-1999 90006 047 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **L85381**  
 Corporation Name  
**INSTITUTIONAL FORECLOSURE SERVICES, INC.**



Principal Place of Business  
 317 W LOCH ISLE DR  
 MIAMI LAKES FL 33014

Mailing Address  
 15317 W LOCH ISLE DR  
 MIAMI LAKES FL 33014  
 US

DO NOT WRITE IN THIS SPACE

|                             |  |                     |  |   |  |
|-----------------------------|--|---------------------|--|---|--|
| Principal Place of Business |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified                                       |  |
| Suite, Apt. #, etc.         |  | Suite, Apt. #, etc. |  | 07/05/1990  |  |
| City & State                |  | City & State        |  | 4. FEI Number   |  |
| Zip                         |  | Zip                 |  | 65-0234297  |  |
| Country                     |  | Country             |  | Applied For   |  |
| 25                          |  | 29                  |  | Not Applicable  |  |
| 26                          |  | 27                  |  | 5. Certificate of Status Desired  |  |
| 28                          |  | 30                  |  | <input type="checkbox"/> \$8.75 Additional Fee Required                 |  |
|                             |  |                     |  | 6. Election Campaign Financing Trust Fund Contribution                  |  |
|                             |  |                     |  | <input type="checkbox"/> \$5.00 May Be Added to Fees                    |  |
|                             |  |                     |  | 8. This corporation owes the current year Intangible Personal Property. |  |
|                             |  |                     |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                |  |

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent                         |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| MENDIOLA, ALEJANDRO<br>15317 WEST LOCH ISLE DR.<br>MIAMI LAKES FL 33014 |  |  |  | 81 Name   |  |  |  |
|   |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
|   |  |  |  | 83  |  |  |  |
|   |  |  |  | 84 City   |  |  |  |
|   |  |  |  | 85 Zip Code   |  |  |  |
|   |  |  |  | FL  |  |  |  |

I, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

| OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|------------------------|---------------------------------|---|---|
| LE                     | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ME                     | MENDIOLA, ALEJANDRO             | 1.2 NAME  |   |
| REET ADDRESS           | 15317 W. LOCH ISLE DR.          | 1.3 STREET ADDRESS                                    |   |
| Y-ST-ZIP               | MIAMI LAKES FL 33014            | 1.4 CITY-ST-ZIP                                       |   |
| LE                     | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ME                     |                                 | 2.2 NAME  |   |
| REET ADDRESS           |                                 | 2.3 STREET ADDRESS                                    |   |
| Y-ST-ZIP               |                                 | 2.4 CITY-ST-ZIP                                       |   |
| LE                     | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ME                     |                                 | 3.2 NAME  |   |
| REET ADDRESS           |                                 | 3.3 STREET ADDRESS                                    |   |
| Y-ST-ZIP               |                                 | 3.4 CITY-ST-ZIP                                       |   |
| LE                     | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ME                     |                                 | 4.2 NAME  |   |
| REET ADDRESS           |                                 | 4.3 STREET ADDRESS                                    |   |
| Y-ST-ZIP               |                                 | 4.4 CITY-ST-ZIP                                       |   |
| LE                     | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ME                     |                                 | 5.2 NAME  |   |
| REET ADDRESS           |                                 | 5.3 STREET ADDRESS                                    |   |
| Y-ST-ZIP               |                                 | 5.4 CITY-ST-ZIP                                       |   |
| LE                     | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ME                     |                                 | 6.2 NAME  |   |
| REET ADDRESS           |                                 | 6.3 STREET ADDRESS                                    |   |
| Y-ST-ZIP               |                                 | 6.4 CITY-ST-ZIP                                       |   |

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.

SIGNATURE: *Alejandro Mendiola* 7-6-99 (305) 773-9356  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)