

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

FILED

Apr 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # M04002 (5)

1. Corporation Name  
CERTIFIED MORTGAGE BANKERS, INC.



Principal Place of Business  
801 PONCE DE LEON BLVD.  
#301  
CORAL GABLES FL 33134

Mailing Address  
801 PONCE DE LEON BLVD.  
#301  
CORAL GABLES FL 33134-3073

3. Date Incorporated or Qualified 08/15/1984  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FBI Number	Applied For
21 Suite Apt # etc	26 Suite, Apt. #, etc.	59-2436274	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

PULIDO, JORGE G.  
901 PONCE DE LEON BLVD  
STE 301  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST <input type="checkbox"/> DELETE	1.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PULIDO, JORGE G	1.2 NAME	Rubens, Gary S.
STREET ADDRESS	901 PONCE DE LEON SUITE 301	1.3 STREET ADDRESS	901 Ponce de Leon Blvd., Suite 301
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	Assistant Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLER, CLOTILDE C	2.2 NAME	Jacqueline Davis
STREET ADDRESS	901 PONCE DE LEON BLVD SUITE 501	2.3 STREET ADDRESS	901 Ponce de Leon Blvd., Suite 301
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPETILLO, ANA M	3.2 NAME	
STREET ADDRESS	901 PONCE DE LEON BLVD SUITE 301	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALGUEIRO, MIGUEL	4.2 NAME	
STREET ADDRESS	901 PONCE DE LEON BLVD SUITE 301	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Clotilde C. Keller 4/3/97 (305)461-0000 Ext.117  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)