

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M06297

FILED
Jan 07, 2004
Secretary of State

Entity Name: INTERAMA MORTGAGE CORP.

Current Principal Place of Business:

20801 BISCAYNE BLVD.
SUITE 501
AVENTURA, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

20801 BISCAYNE BLVD.
SUITE 501
N. MIAMI BCH, FL 33180 US

New Mailing Address:

20801 BISCAYNE BLVD.
SUITE 501
AVENTURA, FL 33180 US

FEI Number: 59-2453111

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEOPOLD, NORMAN
20801 BISCAYNE BOULEVARD
N. MIAMI BCH, FL 33180

Name and Address of New Registered Agent:

LEOPOLD, NORMAN
20801 BISCAYNE BOULEVARD
SUITE 501
AVENTURA, FL 33180

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NORMAN LEOPOLD

01/07/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEOPOLD, KAREN S.,
Address: 21300 NE 23RD CT
City-St-Zip: N. MIAMI BCH, FL

Title: DP () Delete
Name: LEOPOLD, NORMAN,
Address: 21300 NE 23RD CT
City-St-Zip: N. MIAMI BCH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LEOPOLD, KAREN S
Address: 20801 BISCAYNE BLVD., SUITE 501
City-St-Zip: AVENTURA, FL 33180 US

Title: DP (X) Change () Addition
Name: LEOPOLD, NORMAN
Address: 20801 BISCAYNE BLVD., SUITE 501
City-St-Zip: AVENTURA, FL 33180 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN LEOPOLD

DP

01/07/2004

Electronic Signature of Signing Officer or Director

Date