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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

| ANNONE TIE | _ |
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| 1996       |   |

**SIGNATURE** 

DOCUMENT # M15838

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| FLORID  | A MORTGAGE, CORP.  |  |  |  |                                     |                    |                                    |  |
|---|--|--|--|--|-------------------------------------|--------------------|------------------------------------|--|
| incipal Place c   | of Business  | Mailing Address  |  |  | 11001001110111001011011011011011    |                    | ••• •••                            |  |
| 4471 NW 36 ST. #212A 8758 S.W. 8TH ST. MIAMI FL 33166 MIAMI FL 33174  |  |  |  |  |                                     |                    |                                    |  |
|   |  |  |  |  | 3. Date Incorporated or Qualified   |                    | e of Last Re<br>Ne <i>l</i> 047400 | -  |
|   |  |  |  |  | 05/22/1985<br>4. FEI Number         |                    | )6/01/1 <b>9</b> 9                 | pplied For   |
| Principal Plac  | ce of Business   | 2a. Mailing Address  |  |  | 59-2546799                          |                    |                                    | lot Applicable   |
| Code Ant #  | ets.   | Suite, Apt # etc.  | <b></b>  |  |                                     |                    |                                    | Additional   |
| Suite, Apt. #, etc.   |  | 27   |  |  | 5. Certificate of Status Desired    | Fee Requ           |                                    |  |
| City & State  | - AMARIN VII.  | City & State   |  |  | 6. Election Campaign Financing      |                    | \$5.00                             | May Be   |
|   |  | 28   |  |  | Trust Fund Contribution             |                    |                                    | to Fees  |
| Zip   | Country  | Zιρ  | Country  |  |                                     | r intang ble t     | ax under s                         | 199.032.   |
|   | 25   | 29   | 30   |  | Fiorida Statutes Ye                 |                    |                                    |  |
|   | 9. Name and Address of Cur   | rent Registered Agent  |  | r 17   | 10. Name and Address of New         | Hegistered         | Agent                              |  |
|   |  |  | 81   | Name   |                                     |                    |                                    |  |
| RODRIGI   | uez, rafael  |  | 82   | Street Addr  | ess (P.O. Box Number is Not Accepta | able)              |                                    |  |
|   | DYAL PONCIANA BLVD.  |  | 83   |  |                                     |                    |                                    |  |
| MIAMI SI  | Prings FL 33166  |  | 65   |  |                                     |                    |                                    |  |
|   |  |  | 84   | City   |                                     | Fl                 | 85 Zg                              | Code   |
| -   | h, and accept the obligations of, S  | Section 607.0505, Florida Statute                                  | s.   | named corpor<br>poration's boar  |                                     |                    |                                    |  |
| GNATURE _   | Signature, typed or printed name of registered a   | agent and the diappinance (fo                                      | ©Th. Hogetered Age   |  |                                     | DATE<br>FFICERS AN | D DIRECTO                          | RS IN 12   |
| GNATURE   | Signature, typed or printed name of registered a<br>OFFICERS   |  | S.<br>○Tt. Hagetered Age   |  | d when rend if gi                   |                    | DIRECTO                            |  |
| GNATURE   | Signature: typed or printed name of registarist of OFFICERS  | agent and the Cappleance (N  | ©TE Hogetered Age  |  | d when rend if gi                   |                    |                                    |  |
| GNATURE   | Signature, typed or printed name of registered a<br>OFFICERS   | agentantitis nagricano (fo<br>AND DIRECTORS                        | OTE Hogetered Age 13. 1.1 TIGE 1.2 NAME  |  | d when rend if gi                   |                    |                                    |  |
| GNATURE _s   L  L  ME  ALEST ADDRESS  | Signature, typed or printed name of registered a OFFICERS PD RODRIGUEZ, RAFAEL   | AND DIRECTORS  BLVD. 3212A   | 13. 1.1 TILE 1.2 NAME 1.3 SIMEE 1.4 CITY   | int squatum require  | d when rend if gi                   |                    | Change                             | Add:tior   |
| GNATURE S  LE ME REET ADDRESS Y-ST-ZIP  | Signature: typed or printed name of registered a OFFICERS  PD  RODRIGUEZ, RAFAEL  73 S. ROYAL PONCIANA  MIAMI SPRINGS FL 33166  SD   | AND DIRECTORS  DELETE  BLVD. 3212A                                 | 0.7E. Hogeteral Age 13. 1.1 Title 1.2 NAME 1.3 SIREE 1.4 CTY- 2.1 Title  | int squatum require  | d when rend if gi                   |                    |                                    | Add:tior   |
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4-29-96 327-2120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR