

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 NOV -5 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M29640

1. Corporation Name

AMERICAN FAMILY MORTGAGE COMPANY

Principal Place of Business

Mailing Address

4100 N. Miami Avenue Suite 104
Miami, Florida 33127

3. Date Incorporated or Qualified
03/28/96

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 4100 N. Miami Ave.

26 4100 N. Miami Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 104

27 Suite 104

City & State

City & State

23 Miami, Florida

28 Miami, Florida

Zip

Zip

Country

Country

24 33127

25 USA

29 33127

30 USA

4. FEI Number

59-2651920

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 has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Jon C. Hall
4100 N. Miami Ave. Suite 103
Miami, Florida 33127

81 Name

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

83

84 City

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, applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME Harry P. Rigaud
STREET ADDRESS 4100 N. Miami Ave Ste 104
CITY-ST-ZIP Miami, FL 33127

TITLE Sec/Treas
NAME Jennifer Butler
STREET ADDRESS 4100 N. Miami Ave., Ste 103
CITY-ST-ZIP Miami, FL 33127

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
800002684838--4
-11/10/98-01085-002
*****61.25 *****61.25

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 573-0075

Date

Daytime Phone #

CR2E034 (9/96)