

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M33538** (3)

1. Corporation Name

INTEGRITY MORTGAGE CORP.



Principal Place of Business

Mailing Address

**C/O PEDRO L. CARRILLO
780 NW 42ND AVE. SUITE 403
MIAMI FL 33126-5536**

**C/O PEDRO L. CARRILLO
780 NW 42ND AVE. SUITE 403
MIAMI FL 33126-5536**

2. Principal Place of Business

2a. Mailing Address

21 **782 NW 42 AVE.**

26 **SAME AS 2**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **# 428-A**

27

City & State

City & State

23 **MIAMI FL**

28

Zip

Country

Zip

Country

24 **33126**

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
06/11/1986

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2682641

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

10. Name and Address of New Registered Agent

**CARRILLO, PEDRO L.
780 NW 42ND AVE,
SUITE 403
MIAMI FL**

81 Name
PEDRO L. CARRILLO

82 Street Address (P.O. Box Number is Not Acceptable)
782 NW 42 AVE. # 428-A

83

84 City
MIAMI

FL

85 Zip Code
33126

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 address of agent)

NOTE: Registered Agent signature required when terminating

DATE

12. OFFICERS AND DIRECTORS

TITLE **PO** ☐ DELETE
NAME **CARRILLO, PEDRO L.**
STREET ADDRESS **780 NW 42ND AVE. #403**
CITY-ST-ZIP **MIAMI FL**

TITLE **VO** ☐ DELETE
NAME **CARRILLO, PEDRO L. JR**
STREET ADDRESS **520 PINECREST DRIVE**
CITY-ST-ZIP **MIAMI SPRINGS FL**

TITLE **SD** ☐ DELETE
NAME **CARRILLO, MARIA E.**
STREET ADDRESS **520 PINECREST DRIVE**
CITY-ST-ZIP **MIAMI SPRINGS FL**

TITLE **TD** ☐ DELETE
NAME **CARRILLO, ALBERT A.**
STREET ADDRESS **520 PINECREST DRIVE**
CITY-ST-ZIP **MIAMI SPRINGS FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **782 NW 42 AVE. # 428-A**
1.4 CITY-ST-ZIP **MIAMI FL 33126**

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

DATE

DAYTIME PHONE #

CR2E034 (12/95)