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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90153 015 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M46111

1. Corporation Name

THE NUNEZ MORTGAGE CORPORATION



Principal Place of Business

C/O JOSE R. NUNEZ
2461 CORAL WAY
MIAMI FL 33145

Mailing Address

C/O JOSE R. NUNEZ
2461 CORAL WAY
MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/04/1987

4. FEI Number

59-2766108

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 owes the current year Intangible
Personal Property Tax.

Yes ☐ No ☒

2. Principal Place of Business

21 C/O JOSE R. NUNEZ

Suite, Apt. #, etc.

22 1010 MADRID ST.

City & State

23 CORAL GABLES, FL

Zip

24 33134

Country

25

2a. Mailing Address

26 C/O JOSE R. NUNEZ

Suite, Apt. #, etc.

27 1010 MADRID ST.

City & State

28 CORAL GABLES, FL

Zip

29 33134

Country

30

9. Name and Address of Current Registered Agent

NUNEZ, JOSE R.
2461 CORAL WAY
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name

JOSE R. NUNEZ

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

1010 MADRID STREET

83

84 City

CORAL GABLES, FL

85 Zip Code

33134

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

JOSE R. NUNEZ, DIRECTOR

4-29-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME NUNEZ, JOSE R.

STREET ADDRESS 1010 MADRID ST

CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

1.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

4-29-99

(305) 4455707

CR2E034 (11/98)