


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

FILED
May 29 1997 8:00am
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
|--|--|---|---|
| DOCUMENT # M52296 (4) | | | |
| 1. Corporation Name HABITAT MORTGAGE OF AMERICA, INC. | | | |
| Principal Place of Business 123 MADEIRA AVENUE #1B CORAL GABLES FL 33134 | | Mailing Address 123 MADEIRA AVENUE #1B CORAL GABLES FL 33134-4515 | |
| 2. Principal Place of Business 21 2250 S.W. Third Ave. Suite, Apt. #, etc. 22 SUITE 203 City & State 23 Miami FL Zip 24 33129 Country 25 E | | 2a. Mailing Address 26 2250 S.W. Third Ave. Suite, Apt. #, etc. 27 SUITE 203 City & State 28 Miami FL Zip 29 33129 Country 30 | |
| 9. Name and Address of Current Registered Agent COSSIO, ALEJANDRA 123 MADEIRA AVENUE #1B CORAL GABLES FL 33134 | | 10. Name and Address of New Registered Agent 81 Name COSSIO, Alejandra 82 Street Address (P.O. Box Number is Not Acceptable) 2250 S.W. Third Ave. 83 SUITE 203 84 City Miami FL 85 Zip Code 33129 | |
| 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: <u>Cossio, Alejandra Cossio</u> DATE: <u>4-16-97</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P COSSIO, ALEJANDRA 123 MADEIRA AVENUE #1B CORAL GABLES FL 33134 <input type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition COSSIO, Alejandra 2250 SW THIRD AVE, SUITE 203 MIAMI FL 33129 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <u>Cossio, Alejandra Cossio</u> DATE: <u>4-16-97</u> 305-857-0906 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | |



CR2E034 (9/96)