SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **M59251** **(2)**

1. Corporation Name
TRUST MORTGAGE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
7875 SW 40TH ST SUITE 223 MIAMI FL 33155	7875 SW 40TH ST SUITE 223 MIAMI FL 33155

3. Date Incorporated or Qualified: 09/17/1987
3a. Date of Last Report: 03/07/1995

2. Principal Place of Business
21: 1149 SW 27 AVENUE
22 Suite, Apt. #, etc.: SUITE 305
23 City & State: MIAMI, FL
24 Zip: 33135
25 Country: DADE

2a. Mailing Address
26: 8450 SW 34 Terrace
27 Suite, Apt. #, etc.: Miami, FL
28 City & State: MIAMI, FL
29 Zip: 33165
30 Country: DADE

4. FEI Number: 59-2845176 ☐ 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

FERNANDEZ, MARIE L
7875 SW 40TH STREET
SUITE 223
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name: HILDA S. FERNANDEZ
82 Street Address (P.O. Box Number is Not Acceptable): 1149 SW 27 AVENUE
83: SUITE 305
84 City: MIAMI FL 85 Zip Code: 33135

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: Hilda S. Fernandez HILDA S. FERNANDEZ 8/4/96
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	FERNANDEZ, MARIE I.		1.2 NAME	HILDA S. FERNANDEZ	
STREET ADDRESS	7875 SW 40TH ST #223		1.3 STREET ADDRESS	1149 SW 27 AVENUE	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI, FL	
TITLE	STD	☐ DELETE	2.1 TITLE	STD	☒ Change ☐ Addition
NAME	FERNANDEZ, MARIE L		2.2 NAME	HILDA S. FERNANDEZ	
STREET ADDRESS	7875 SW 40TH STREET, STE 223		2.3 STREET ADDRESS	1149 SW 27 AVENUE	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI, FL	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Hilda S. Fernandez, President 8/4/96 305-220-7260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
HILDA S. FERNANDEZ