

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB 24 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M60444

(0)

1. Corporation Name

DALYN MORTGAGE COMPANY, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/08/1987

3a. Date of Last Report

04/27/1994

4. FEI Number

65-0008296

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

2. Principal Place of Business

2a. Mailing Address

21 1036 S.W. 1 ST.

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 MIAMI FLA.

24 33130

25 US

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FL ANNUAL REPORT SERVICE/CANTERA ASSO INC
1038 SW 1 ST
MIAMI FL 33130

81 Name

FLORIDA ANNUAL REPORT SERVICES INC.

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

1036 S.W. 1 ST.

83

84

City
MIAMI

FL

85 Zip Code
33130

11. Pursuant to the provisions of Sections 007.0502 and 007.1508, 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 007.0502, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

AMADA C. LOPEZ, PRES

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	LOPEZ, AMADA CANTERA
STREET ADDRESS	1036 S.W. FIRST ST.
CITY-ST-ZIP	MIAMI FL
TITLE	SD
NAME	LARREA, LINDA
STREET ADDRESS	8585 PONCE DE LEON RD.
CITY-ST-ZIP	MIAMI FL
TITLE	VP
NAME	WILLIAMS, VIVIAN
STREET ADDRESS	6257 SW 10TH ST
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	100001417721
1.4 CITY-ST-ZIP	-02/28/95--01118--009
2.1 TITLE	****200.00 ☐ 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 110.07(3)(a), Florida Statutes. I further certify that this 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if added, or on an attachment with an address.

SIGNATURE:

PRES/DIRECTOR

Signature/Name