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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **M62051** **(1)**

1. Corporation Name
AMERICAN FUNDING MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
269 GIRALDA AVENUE SUITE 203 CORAL GABLES FL 33134 US	269 GIRALDA AVENUE SUITE 203 CORAL GABLES FL 33134-5002 US

3. Date Incorporated or Qualified: **11/05/1987**
3a. Date of Last Report: **04/22/1996**

2. Principal Place of Business	2a. Mailing Address
21 10250 SW 56 St,	26 10250 SW 56 St.
Suite, Apt. #, etc. 22 C-103	Suite, Apt. #, etc. 27 C-103
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip / Country 24 33165 / 25 USA	Zip / Country 29 33165 / 30 USA

4. FEI Number: **65-0247524** ☐ 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

MESA LUISA M.
9240 S.W. 15 STREET
MIAMI FL 33174

10. Name and Address of New Registered Agent

81 Name: Luisa M. Mesa
82 Street Address (P.O. Box Number is Not Acceptable)
83 10250 S. W. 56 St., C-103
84 City: Miami **FL** 85 Zip Code: 33165

11. Pursuant to the provisions of Sections 607.0122 and 607.1008, 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: Luisa M. Mesa (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD MESA, LUISA 269 GIRALDA AVENEU SUITE 203 CORAL GABLES FL	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP IZQUIERDO, JORGE A 269 GIRALDA AVENUE SUIT E203 CORAL GABLES FL	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Mesa, Luisa 10250 SW 56 St. C103 Miami, Fl 33165	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Iglesias, Antonio 10250 SW 56 St. C103 Miami, FL 33165	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Iglesias, Marcia 10250 SW 56 St. C103 Miami, FL 33165	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (9/96)

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: Luisa M. Mesa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0160340