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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Piace of Business
C/O ROGER BESU

2. Principal Place of Business

BESU. ROGER

MIAM! FL 33130

SIGNATURE:

815 N.W. 57TH AVE. #484

815 NW 577H AVE. #484

Suitc. Apt. #, etc.

City & State

MIAMI FL 33126

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24



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M64616

Country

9. Name and Address of Current Registered Agent

(9)

Mailing Address

C/O ROGER BESU

2a. Mailing Address

City & State

Suite, Apt. #. etc.

26

27

**28** Zip

29

815 NW 57TH AVE. #484 MIAMI FL 33126-2042

URBANNA MORTGAGE CORP.

FILED
May 06 1997 8:00am
Secretary of State

3. Date Incorporated or Qualified 01/13/1988	1/13/1988 06/			
4. FEI Number 65-0146632		Applied For Not Applicable		
6. Certificate of Status Desired	<u>k</u>	\$8.75 Additional Fee Required		
Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees		
This appropriate has lightly for	ntanalh	lo tou undor o 100 022		

Florida Statutes

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

10, Name and Address of New Registered Agent

Yes No

Zip Code

Daytime Phone #

11. Fursuant 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Country

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83

Name

City

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ORGE LUIS 57TH AVE #484	DELETE	13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CHY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2.4 CHY-ST-ZIP 31 TITLE 32 NAME 3.3 STREET ADDRESS		RECTORS Change Change Change	Addition
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		6.4 CITY-ST-ZIP			
	on this annual reproduction of supplemental an actor of the constraint or the receiver of	DELETE  If the information supply whether this filling does not qualify on this annual report is tructed empower that a protection of the received or tructed empower.	DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 1. The information supply with this filling does not qualify for the exemption state on this annual report is supplemental agradal report is true and accurate and that of the contraction of the receive of truetee empowered to execute this report	DELETE 5.1 TITLE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP If the information supplies we this filling does not quantify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further occupies the supplies half an additional report is true and accurate and that my signature shall have the same legal effect as if oction of the receiver of truetee employment to execute this report as required by Chapter 607, Florida Statutes; and	DELETE   5.1 TITLE   Change     5.2 NAME     5.3 STREET ADDRESS     5.4 CITY - ST - ZIP     DELETE   61 TITLE   Change     6.2 NAME     6.3 STREET ADDRESS     6.4 CITY - ST - ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR