FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 10:50

DOCUMENT # **N22030** (3)

1. Corporation Name

MIAMI CHAPTER OF THE FLORIDA ASSOCIATION OF MORT GAGE BROKERS, INC.

Principal Place of Business	Mailing Address
% BABEL MORTGAGE, INC. 1835 N.E. 164 STREET NORTH MIAMI BEACH FL 33162	% BABEL MORTGAGE, INC. 1835 N.E. 164 STREET NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/13/1987
3a. Date of Last Report: 02/15/1994
4. FEI Number: 65-0039750 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

9. Name and Address of Current Registered Agent

WORDELL, KAREN
1835 NE 164 STR
MIAMI FL 33162

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PRESIDENT - DIRECTOR	☑ Change ☐ Addition
NAME	DE GOYTISOLO, AGUSTIN G.	12 NAME		
STREET ADDRESS	2500 NW 79TH AVE	13 STREET ADDRESS	901 Ponce de Leon Blvd. # 703	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	CORAL GABLES, FLA. 33134	
TITLE	D	21 TITLE	VICE PRESIDENT - DIRECTOR	☑ Change ☐ Addition
NAME	DIAZ-SILVEIRA, JORGE	22 NAME	NELSON LOCKE	
STREET ADDRESS	3907 SW 67TH AVE	23 STREET ADDRESS	3191 CORAL WAY	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	MIAMI, FLA. 33145	
TITLE	TD	31 TITLE	SECRETARY	☑ Change ☐ Addition
NAME	LYONS, MICHAEL D.	32 NAME	BARBARA A. SMITH	
STREET ADDRESS	2721 SW 27TH AVE	33 STREET ADDRESS	5005 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	MIAMI BEACH, 33140	
TITLE	PD	41 TITLE	DIRECTOR	☑ Change ☐ Addition
NAME	DOERR, MARGA E.	42 NAME	(SAME PERSON, ONLY CHANGE IN TITLE)	
STREET ADDRESS	350 W FLAGLER STR #114	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP		
TITLE	VPD	51 TITLE	PRESIDENT-ELECT	☑ Change ☐ Addition
NAME	MENDOZA, RUDY	52 NAME	(SAME PERSON, ONLY CHANGE IN TITLE)	
STREET ADDRESS	6331 SW 62ND TERRACE	53 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP		
TITLE	SD	61 TITLE	TREASURER	☑ Change ☐ Addition
NAME	JOSEPHER, BARRY	62 NAME	(SAME PERSON, ONLY CHANGE IN TITLE	
STREET ADDRESS	4091 PARK AVE.	63 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL	64 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 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 with changes or on an attachment with an address.

SIGNATURE: [signature] - AGUSTIN G. de GOYTISOLO 3/25/95 (305)445-9795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — PRESIDENT — Date — Daytime Phone #

0043780