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Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N22030** (3)

1. Corporation Name

MIAMI CHAPTER OF THE FLORIDA ASSOCIATION OF MORTGAGE 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 33162-4109



2. Principal Place of Business		2a. Mailing Address	
21	3191 CORAL WAY	26	3191 CORAL WAY
22	Suite, Apt. #, etc. #104	27	Suite, Apt. #, etc. 104
23	City & State Miami, FL	28	City & State Miami, FL
24	Zip 33145	29	Zip 33145
25	Country US	30	Country US

3. Date Incorporated or Qualified 08/13/1987	3a. Date of Last Report 02/09/1996
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WORDELL, KAREN
1835 NE 164 STR
MIAMI FL 33162

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

(Signature typed or printed name of registered agent and filed after date)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	☒ DELETE
NAME	DE GOYTISOLO, AGUSTIN G.	
STREET ADDRESS	901 PONCE DE LEON BLVD., #703	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VPD	☒ DELETE
NAME	LOCKE, NELSON	
STREET ADDRESS	3191 CORAL WAY	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	☒ DELETE
NAME	SMITH, BARBARA A	
STREET ADDRESS	5005 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	☒ DELETE
NAME	DOERR, MARGA E.	
STREET ADDRESS	350 W FLAGLER STR #114	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	☒ DELETE
NAME	MENDOZA, RUDY	
STREET ADDRESS	6331 SW 62ND TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	☒ DELETE
NAME	JOSEPH, BARRY	
STREET ADDRESS	4091 PARK AVE.	
CITY-ST-ZIP	COCONUT GROVE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
1.1 TITLE	PD	☒ Change ☒ Addition
1.2 NAME	President + NELSON LOCKE	
1.3 STREET ADDRESS	3191 Coral Way #104	
1.4 CITY-ST-ZIP	Miami, FL 33145	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	Eric Darmanin	
2.3 STREET ADDRESS	9400 S. Padeland Blvd #630	
2.4 CITY-ST-ZIP	Miami, FL 33156	
3.1 TITLE	SD	☐ Change ☒ Addition
3.2 NAME	Lisa Beth Summerhoff	
3.3 STREET ADDRESS	1390 S. Dixie Highway #2310	
3.4 CITY-ST-ZIP	Coral Gables, FL 33146	
4.1 TITLE	TD	☐ Change ☒ Addition
4.2 NAME	Barbara Smith	
4.3 STREET ADDRESS	5005 Collins Ave	
4.4 CITY-ST-ZIP	Miami Beach, FL 33140	
5.1 TITLE	VPD	☐ Change ☒ Addition
5.2 NAME	Vice-President	
5.3 STREET ADDRESS	Roland Hernandez	
5.4 CITY-ST-ZIP	11890 SW 8 Street #303	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

CR2E037 (9/96)