

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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  
**3191 CORAL WAY #104 MIAMI FL 33145 US**

2. Principal Place of Business 21 <b>11890 SW 8 ST</b> Suite, Apt. #, etc. 22 <b>#303</b> City & State 23 <b>MIAMI, FL</b> Zip 24 <b>33184</b>	2a. Mailing Address 26 <b>11890 SW 8 ST</b> Suite, Apt. #, etc. 27 <b>#303</b> City & State 28 <b>MIAMI, FL</b> Zip 29 <b>33184</b> Country 30 <b>USA</b>
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3. Date Incorporated or Qualified <b>08/13/1987</b>	4. FEI Number <b>65-0039750</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**WORDELL, KAREN  
1835 NE 184 STR  
MIAMI FL 33162**

10. Name and Address of New Registered Agent  
81 Name **DARMANIN, ERIC**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**15010 SW 69 CT**  
83  
84 City **MIAMI** FL 85 Zip Code **33158**

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 *Eric Darmanin* **ERIC DARMANIN** 4/28/98  
Signature, typed or printed name of registered agent and title if applicable (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	PD LOCKE, NELSON 3191 CORAL WAY, #104 MIAMI FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARMANIN, ERIC 9400 S. DADELAND BLVD., #620 MIAMI FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOMMERHOFF, LISA BETH 1390 S. DIXIE HIGHWAY, #2216 CORAL GABLES FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, BARBARA 5005 COLLINS AVE. MIAMI BEACH FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HERNANDEZ, ROLAND 11890 S.W. 8 ST., #303 MIAMI FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD DARMANIN, ERIC 15010 SW 69 CT MIAMI, FL 33158	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D HERNANDEZ, ROLANDO 11890 SW 8 ST, #303 MIAMI, FL 33184	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VPD CHAVEZ, ELBA 4123 SAPPHIRE TERR WESTON, FL 33331	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	SD MOLINARI, LINDA 2050 CORAL WAY, STE 600 MIAMI, FL 33145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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 on an attachment with an address.

SIGNATURE: *Eric Darmanin* **ERIC DARMANIN** 4/28/98 305-234-0213  
Signature, typed or printed name of signing officer or director Date

CP2E037 (10/97)