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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N28397

1. Corporation Name

**MORTGAGE BANKERS ASSOCIATION OF GREATER MIAMI, I
NC.**

Principal Place of Business

2601 S BAYSHORE DR #250
COCONUT GROVE FL 33133
US

Mailing Address

2601 S BAYSHORE DR #250
COCONUT GROVE FL 33133
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

09/16/1988

4. FEI Number

23-7295132

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

9. Name and Address of Current Registered Agent

ESPINOSA, ILEANA
2601 S BAYSHORE DR #250
COCONUT GROVE FL 33133

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 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

NAME FREIWALD, TOM
STREET ADDRESS 2601 S BAYSHORE DR
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE P ☐ DELETE

NAME ESPINOSA, ILEANA
STREET ADDRESS 2601 S BAYSHORE DRIVE SUITE 250
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE T ☐ DELETE

NAME CLEMENTS, CHARLES
STREET ADDRESS 3401 NW 82 AVENUE
CITY-ST-ZIP MIAMI FL 33122

TITLE SD ☐ DELETE

NAME CORO, MARILYN
STREET ADDRESS 760 NW 107 AVENUE
CITY-ST-ZIP MIAMI FL 33172

TITLE D ☐ DELETE

NAME BROWN, SCOTT
STREET ADDRESS 312 MINORCA AVENUE
CITY-ST-ZIP CORAL GABLES FL

TITLE D ☐ DELETE

NAME VALDIVIA, CARMEN
STREET ADDRESS 14060 SW 104 AVENUE
CITY-ST-ZIP MIAMI FL 33176

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan. 20th, 1999 (305) 857-0222

CR2E037 (11/98)