SIGNATURÉ

SIGNATURE AND TYPED

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

	MENT # P000000	19507				š
1. Entity Nan	ne A'S Mortgage Lender, inc).	60		FILED	
Principal Place of Business Mailing Address			<u></u>		01 OCT 16 PM 3-03	
3505 POINCE DE LEON BLYO. POPRAL-BABLES FL 38134		3505 PONGE DE LEON BLVD. GORAL GABLES FL 33134			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
:3361	Place of Business S KIRKM NW RO	3. Mailing Address 7415	2 '	` .		
Suite, Apt.	818	Suite, Apt. #, etc.			KEINS PAIEMENT	
City & Star OR/pm	<u> </u>	City & State Mait I and : FU	2	4	FEI Number Applied For . Not Applicable . Not Applicable	
328/	Country October	Zip 32 794	DNNW48	5	Certificate of Status Desired \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent ZAMORA, ROSY 3505 PONCE DE LEON BLVD. CORAL GABLES FL 33134 7. Name and Address of New Registered Agent Fouriest + Sygman Street Address (P.O. Box Number is Not Acceptable) 328 Minory						
કે. સ	,)		City	11 Am	Zip Code	1
8. The above named entity submits this satement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed fame of registered agent of filled applicable. (NOTE: Registered Agent signature required when reinstating) Part of this corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) SIGNATURE FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State Trust Fund Contribution. STATE 10. Election Campaign Financing Trust Fund Contribution.						
11.	OFFICERS AND D		12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	1=
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZAMORA, ROSY 3505 PONCE DE LEON BLVD. CORAL GABLES FL 33134	Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition Change Addition	2E034 (10/0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROWN/DE GONZA	Delete Prisson	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ORINA	Skirkman fo 818 Tresident	CR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDWARD & WRIS	NA Delete V. P. 2819 Tres	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED6	HRD G WRIGHT Change X Addition I S KIRKMAN ROSIS U.P WDO FL 32811 TRES.] .
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
13. I hereby of indicated of the corchanged.	certify that the information supplied with to a certify that the information supplied with the londing transfer or trustee explored to the control of the certific trustee explored to the control of the certific trustee explored to the certific trustee explored trustee expl	his filing does not qualify for the up and accurate and that my bered to execute this report as the all other like empowered.	ne exemption state signature shall he required by Cha	ed in Sectio ave the sam pter 607, Fk	n 119.07(3)(i), Florida Statutes. I further certify that the information e.legal effect as if made under oath; that I am an officer or director orda Statutes; and that my name appears in Block 11 or Block 12 if	

10/15/0/ 321 287 4796
Daytime Phone #