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| ) Jun  | LIFORM BUSINE  | SORPORATIO  |                    | BR)   | 1  | SECRETARY OF STATE  | IONS<br>E   |
|--|--|---|--------------------|---|--|---|---|
| DOCUMENT # POI DOD 107351  |  |   |                    |   | 02 DEC 16 AM 8: 01   |   |   |
| TOTAL MORTGAGE GRUOP CORP  |  |   |                    |   |  | 02 DEC 10 KII.  |   |
| 101712   |  |   |                    |   |  |   |   |
|  | A MOT MOITE  | · IN THE OF   |                    | <b>-</b> .,   |  |   |   |
| L  | OO NOT WRITE   | : IN THIS SI  | AC                 | <u>-</u>  |  |   | `\  |
| Principal Place of Business     7312 WEST 20 AVE   |  | 3. Mailing Address  | 3. Mailing Address |   |  | 7/11/02 90245   | 006   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |                    |   |  | DO NOT WRITE IN THIS SPA  | ce 508.75   |
| City & State   |  | City & State  | City & State       |   | 4. FEI   | Number 65-1152721   | Applied For<br>Not Applicable   |
| Zip Country  |  | Zíp   | Zip Country        |   | 5. Certificate of Status Desired S8.75 Additional Fee Required |   |   |
| 33016  | DADE   |   |                    |   | 7. Nam   | e and Address of Current Registered A   |   |
|  | DO NOT WRITE   |   | ٠. ,               | Name CARL   | os go  | ONZALEZ   |   |
| e.   |  |   |                    | Street Address (  | (P.O. Bo)  | Number is Not Acceptable)   |   |
| •  | IN THIS SI   | PACE  |                    | P.M.B # 33  | M.B # 333 20 A WEST 49 ST                                      |   |   |
|  | . //   |   |                    | City HIALEA   | ·Η   | FL  | Zip Code<br>33012   |
| 8. The above r   | named entity submits this statement f  | or the purpose of changing its  | registere          | ed office or register                                     | ered ager  | nt, or both, in the State of Florida.   | ,   |
|  |  | CA  | RLOS               | GONZALEZ  |  | 11/12/02  | 2   |
| SIGNATURE _  | Signature, typed or printed name of registered agen  | · · · · · · · · · · · · · · · · · · ·   |                    | Agent signature require                                   | ed when reins  | stating) DATE   |   |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  January 1 - Ma After May 1, Amended Make Check Payable |  |   | 1, Fee i           | s \$550.00<br>s \$61.25                                   | ate  | 10. Election Campaign Financing Trust Fund Contribution.  | \$5.00 May Be<br>Added to Fees  |
| 11.  | OFFICERS AND   |   |                    |   |  |   |   |
| TITLE<br>NAME  | PRESIDENT<br>CARLOS GONZALEZ<br>7312 W 20 AVE HIALEAH FL 33016   |   |                    | NAME  |  | 3000095245<br>12/16/0201061002  | 43  |
| STREET ADDRESS<br>City-St-Zip  |  |   |                    | ET ADDRESS<br>-ST-ZIP                                     |  | 12716/0201061002 **50.00  |   |
| TITLE  | VICE PRESIDENT   |   | TITLE<br>NAM       |   |  |   |   |
| NAME<br>Street address   | JOSEFINA REYES<br>7312 W 20 AVE HIAELAH FL 33016   |   | STRE               | ET ADDRESS<br>-ST-ZIP                                     |  |   |   |
| CITY-ST-ZIP<br>TITLE   |  |   | TITL               |   |  |   |   |
| NAMÉ   |  |   | , NAM<br>STRE      | et adoress  |  | DO NOT WOLL   |   |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |   |                    | -ST-ZIP   |  | DO NOT WRIT   | <b>E</b>  |
| TITLE  |  |   | TITE<br>NAM        |   |  | IN THIS SPAC  | E   |
| NAME<br>Street address   |  |   | STRE               | EET ADDRESS   |  |   |   |
| CITY-ST-ZIP  |  |   | TITL               | r-ST-ZIP  |  |   | *   |
| TITLE<br>NAME  |  |   | NAM                |   |  |   |   |
| STREET ADDRESS<br>CITY-ST-ZIP  |  | ·   |                    | eet address<br>/-st-zip                                   |  |   |   |
| TITLE  |  |   | TITL               | <b>!</b>  |  |   |   |
| NAME   |  |   | NAN<br>STR         | AE<br>EET ADDRESS   |  |   |   |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |   | CIT                | V-SI-ZIP  |  |   |   |
| 13. I hereby of indicated of the collattachmo  | certify that the information supplied with an this report or supplemental pepor reporation or the receiver or trastee or any with an address, with all officers its control of the supplemental transfer or trastee or any with an address, with all officers its control of the supplemental transfer or transfer | ith this film coes not qualify fit is true and that courate and that appropriate this repension of the courage |                    | emption stated in Sature shall have the quired by Chapter |  | 19.07(3)(i), Florida Statutes, I further certifical effect as if made under oath; that I amida Statutes; and that my name appears  11/12/02 305-8 | y that the information in an officer or director in Block 11 or on an |

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/20

Date

Daytime Phone #





7312 WEST 20 AVE HIALEAH FL 33016 305-817-8070 305-817-8060 FAX

November 13, 2002

## **DEPARTMENT OF STATE**

BEFORE MAY 1 2002, I MAILED A LETTER TO INFORM YOUR DEPARTMENT MY NEW MAILING ADDRESS, WHICH WAS NEVER UPDATED. I NEVER RECIVE MY REPORT. I MAILED IN MY REPORT IN JULY WITH THE LATE FEE. MY REPORT WAS NEVER UPDATED AND THE CHECK WAS DEPOSITED AND CLEARED. A LETTER WAS MAILED OUT, WHICH I NEVER RECIVED. ENCLOSED PLEASE FIND MY REPORT WAS THE EXTRA MONEY.

Sorry for the Delay I was waiting on the cheeks

Sincerely,

CARLOS GONZALEZ PRESIDENT