

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Secretary of State
1996-04-01

DOCUMENT # **P35488** (6)

1. Corporation Name
DMC MORTGAGE COMPANY



Principal Place of Business: **650 MUNOZ RIVERA AVE. HATO REY, PUERTO RICO 00918**
Mailing Address: **P.O. BGOX 29426 RIO PIEDRAS PR 00929-0426**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **09/13/1991**
3a. Date of Last Report: **05/01/1995**
4. FLD Number: **66-0365296**
5. Certificate of Status Desired: Applied For, Not Applicable
6. Election Campaign Financing: **\$8.75 Additional Fee Required**
7. 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
10. Name and Address of New Registered Agent

CAPITAL CONNECTION, INC.
417 EAST VIRGINIA STREET, SUITE 1
TALLAHASSEE FL 32301

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE (Typed or printed name of registered agent and for tax use) (FD-1) Registered Agent of the corporation (FD-1) (FD-1)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HERNANDEZ, NANCY SRA.	
STREET ADDRESS	650 MUNOZ RIVERA AVENUE	
CITY-STATE-ZIP	HATO REY PR 00918	
TITLE	VAS	<input checked="" type="checkbox"/> DELETE
NAME	CARATTINI, ERNESTO	
STREET ADDRESS	650 MUNOZ RIVERA AVENUE	
CITY-STATE-ZIP	HATO REY PR 00918	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BONINI, RICHARD F	
STREET ADDRESS	650 MUNOZ RIVERA AVENUE	
CITY-STATE-ZIP	HATO REY PR 00918	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	LEVIS, SALOMON	
STREET ADDRESS	650 MUNOZ RIVERA AVENUE	
CITY-STATE-ZIP	HATO REY PR 00918	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELEZ, EDISON	
STREET ADDRESS	650 MUÑOZ RIVERA AVENUE	
CITY-STATE-ZIP	HATO REY PR 00918	
TITLE	VAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLON, PEDRO	
STREET ADDRESS	650 MUÑOZ RIVERA AVENUE	
CITY-STATE-ZIP	HATO REY PR 00918	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

400001765954
-04/02/96--01023--008
***208.75

ASB
4-1-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
5/29/96 (609) 756-1726
Digital Photo #

CR2E034 (12/95)