2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 02, 2001 8:00 am Secretary of State **DOCUMENT # P35488** 1. Entity Name DORAL MORTGAGE CORPORATION 03-02-2001 90056 012 ***150.00 Principal Place of Business Mailing Address 650 MUNOZ RIVERA AVE. RICARDO MELENDEZ SAN JUAN. P.R. 00918 P.O. BOX 2162 PR SAN JUAN, P.R. 00922 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 66-0365296 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MELENDEZ, RICARDO Street Address (P.O. Box Number is Not Acceptable) 4000 S.W. 60 COURT **MIAMI FL 33155** City Zip Code F 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) TITLE Addition TIT! F ☐ Change PD ☐ Delete NAME VELEZ, EDISON NAME STREET ADDRESS STREET ADDRESS 650 MUNOZ RIVERA AVENUE CITY-ST-ZIP CITY-ST-ZIP HATO REY PR 00918 ☐ Delete ☐ Addition TITLE VAS TITLE Change NAME COLON, PEDRO NAME STREET ADDRESS STREET ADDRESS 650 MUNOZ RIVERA AVENUE CITY-ST-7IP CITY-ST-ZIP HATO REY PR 00918 Change ☐ Addition TITLE ☐ Delete TITLE NAME BONINI, RICHARD F NAME STREET ADDRESS STREET ADDRESS 650 MUNOZ RIVERA AVENUE CITY-ST-7IP CITY-ST-ZIP HATO REY PR 00918 Change Addition TITLE ☐ Delete TITLE NAME LEVIS, SALOMON NAME STREET ADDRESS STREET ADDRESS 650 MUNOZ RIVERA AVENUE CITY-ST-7IP CITY-ST-ZIP HATO REY PR 00918 TITLE ☐ Delete TITI E ☐ Change ☐ Addition NAME BENITEZ, LUCILLE NAME STREET ADDRESS STREET ADDRESS 4000 S.W. 60 COURT CITY-ST-ZIP CITY-ST-ZIP MIAML FL 33155 ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME VINA, CARLOS STREET ADDRESS STREET ADDRESS 650 MUNOZ RIVERA AVE. CITY-ST-ZIP CITY-ST-ZIP SAN JUAN, P.R. 00918 13. Thereby 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 report or supplemental 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 11 or Block 12 in Block 12 i guired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attach other like empowered SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR