SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 22 AM 8:50

DOCUMENT # **P41046** **(4)**

1. Corporation Name
THE FIRST NATIONAL MORTGAGE EXCHANGE, INC.

Principal Place of Business	Mailing Address
~~10000 SOUTHWEST 72ND STREET~~ ~~#7041~~ ~~MIAMI FL 09173~~ US	4201 LONG BCH BOULEVARD SUITE 3303 LONG BCH CA 90807 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/14/1992**
3a. Date of Last Report: **02/21/1994**

2. Principal Place of Business
21: **4201 Long Beach Boulevard**
22 Suite, Apt. #, etc.: **Suite #303**
23 City & State: **Long Beach, California**
24 Zip: **90807**
25 Country: **U.S.A.**

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: **22-2873311** ☐ 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

8. *This corporation has liability for intangible tax under s. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~CEO~~	11 TITLE	Chairman, CEO and CFO ☒ Change ☐ Addition
NAME	~~GALAND, PIERRE~~	12 NAME	S. MICHAEL KHOURY
STREET ADDRESS	~~4201 LONG BCH BLVD, SUITE #303~~	13 STREET ADDRESS	4201 Long Beach Blvd., Suite #303
CITY · ST · ZIP	~~LONG BCH CA~~	14 CITY · ST · ZIP	Long Beach, California 90807
TITLE	~~DCOO~~	21 TITLE	President, and Director ☐ Change ☐ Addition
NAME	~~DE LA TORRE, JOSE D.~~	22 NAME	JOSE D. DE LA TORRE
STREET ADDRESS	~~4201 LONG BEACH BLVD 303~~	23 STREET ADDRESS	4201 Long Beach Blvd., Suite #303
CITY · ST · ZIP	~~LONG BEACH CA~~	24 CITY · ST · ZIP	Long Beach, California 90807
TITLE	~~DCF~~	31 TITLE	Corporate Secretary ☐ Change ☐ Addition
NAME	~~KHOURY, MICHAEL~~	32 NAME	SENEN DE LA TORRE
STREET ADDRESS	~~4201 LONG BEACH BLVD., SUITE 303~~	33 STREET ADDRESS	4201 Long Beach Blvd., Suite #303
CITY · ST · ZIP	~~LONG BEACH CA~~	34 CITY · ST · ZIP	Long Beach, California 90807
TITLE	~~CFA~~	41 TITLE	☐ Change ☐ Addition
NAME	~~GAME, GEAN~~	42 NAME	
STREET ADDRESS	~~4201 LONG BEACH BLVD 303~~	43 STREET ADDRESS	
CITY · ST · ZIP	~~LONG BEACH CA~~	44 CITY · ST · ZIP	
TITLE	~~VP~~	51 TITLE	☐ Change ☐ Addition
NAME	~~BARATA, ADIANO S JR.~~	52 NAME	
STREET ADDRESS	~~6901 CONFEDERATE RIDGE LANE~~	53 STREET ADDRESS	
CITY · ST · ZIP	~~CENTERVILLE VA~~	54 CITY · ST · ZIP	
TITLE	S	61 TITLE	☐ Change ☐ Addition
NAME	DE LA TORRE, SENEN	62 NAME	
STREET ADDRESS	4201 LONG BEACH BLVD STE 303	63 STREET ADDRESS	
CITY · ST · ZIP	LONG BEACH CA	64 CITY · ST · ZIP	

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added to the report with an address.

SIGNATURE: SENEN DE LA TORRE, Corporate Secretary, June 07, 1995 (310)981-2388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

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