FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

P92000002793 (7) DOCUMENT # A. & J. MORTGAGE CORP. Principal Place of Business Mailing Address 19231 N.W. 69TH CT. 19131 NW 88 CT HIALEAH FL 33015 HIALEAH FL 33015 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/03/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0368864 26 Not Applicable Suite, Apt. #. etc. Suito, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. X Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ALVAREZ, ANNETTE 19131 NW 88 CT Street Address (P.O. Box Number is Not Acceptable) 82 HIALEAH FL 33015 83 64 City 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TIT: F 1.1 TIBLE ☐ Change Addition ARMADA, JOSE JR NAME 1.2 NAME STREET ADDRESS 19131 NW 88 CT 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - \$1 - ZIP TITLE DELETE Change Addition 2.1 TITLE ALVAREZ, ANNETE NAME 2.2 NAME 19131 NW 88 CT STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE □ DELETE 3.1 TITLE Addition NÁME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5 1 THE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS City-ST-ZIP 54 CITY-ST-ZIP TITLE □ DELETE 61 THLE Change Addition NAME 6.2 NAME

14. I hereby 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

6.3 STREET ADDRESS

STREET ADDRESS

CIGNATURE.

CITY-ST-ZIP

PASSINGUE DILANGE

CR2E034 (10/97)

FILED

Feb 11 1998 8:00am

Secretary of State