FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
'95 APR 18 PM 5:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000003466 (9)**

1. Corporation Name
FIRST NATIONAL MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
4091 PARK AVE SUITE 5 COCONUT GARDEN FL 33133 US	4091 PARK AVE SUITE 5 COCONUT GROVE FL 33133 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/10/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0383461 — ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 2100 Ponce de Leon Blvd.	26 2100 Ponce de Leon Blvd.
Suite, Apt. #, etc: 22 Suite 920	Suite, Apt. #, etc.: 27 Suite 920
City & State: 23 Coral Gables, Florida	City & State: 28 Coral Gables, Florida
Zip: 24 33134 — Country: 25 Dade	Zip: 29 33134 — Country: 30 Dade

9. Name and Address of Current Registered Agent

JOSEPHER, GLORIA R
370 MINORCA AVE
SUITE 5
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: Josepher, Gloria Roa
82 Street Address (P.O. Box Number is Not Acceptable): 2100 Ponce de Leon Blvd., Suite 920
83
84 City: Coral Gables, FL 85 Zip Code: 33134

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 [signature] Gloria Roa Josepher April 10, 1995
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	D/P ☒ Change ☐ Addition
NAME	JOSEPHER, BARRY J	1 2 NAME	Josepher, Barry J.
STREET ADDRESS	370 MINORCA AVE #5	1 3 STREET ADDRESS	2100 Ponce de Leon Blvd., #920
CITY ST ZIP	CORAL GABLES FL 33134	1 4 CITY ST ZIP	Coral Gables, Fl. 33134
TITLE		2 1 TITLE	☐ Change ☐ Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY ST ZIP		2 4 CITY ST ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY ST ZIP		3 4 CITY ST ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 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)(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] Barry J. Josepher, President, 04/10/1995, (305)445-0006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0136488 CP