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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 21 1997 8:00am

Secretary of State

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200006147 (2)

VALLEY MORTGAGE, CORP.

Principal Place of Business		Mailing Address		- 1 488 11001 110 FB3FB F1014 BB441 BB441 004f4	EENA OOMO ONON HON ENOM		
85 GRAND CANAL DRIVE SUITE 803 MIANI FL 83144		118 NV BSTH COURT MIAMI FL 33126-3815 US					
US				3. Date Incorporated or Qualified 11/19/1992	3a. Date of Last Report 04/18/1996		
 1	lace of Business	2a. Mailing Address		4. FEI Number	Ap	oplied For	
21 10481 N. Kendall Drive				65-0370564		ot Applicable	
22 D202 City & State		Suite, Apt. #, etc. 27 City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Address T				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country		Zip Country		Trust Fund Contribution			
24 33173 25 U.S.A.		30		8. This corporation has liability for intangible tax under s. 199,032, Florida Statutes			
	9. Name and Address of Current I				10. Name and Address of New Registered Agent		
DIEG	30, ANGELA		81	Name			
118 N.W. 85TH CT.			82	Street Addr	ess (P.O. Box Number is Not Acceptable		
MIAI	MI FL 33126			000000000000000000000000000000000000000	ess (1.6. bex (veriber to the receptable	0,	
			83				
			84	City	THE PART AND ADDRESS OF THE PA	FL 85 Zip 0	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 regional confidering of the corporation of directors. Thereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both.							s registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE	angels m.	MEGGLE!		MyC/A.	M. Dies O	4/13/97	
12.	Signature, typod printed name of registered agent in OFFICERS AND I		: Registered Age:	nt signature requir	ed when roinstating) ADDITIONS/CHANGES TO OFFICE	DAY /	Q IM 19
TITLE	PSTO DELETE		1.1 HILE		ADDITIONS/CHANGES TO OFFIC	Change	Addition
NAME	DIEGO, EMENE		1.2 NAME			Land Street	
STREET ADDRESS	138 S.W. 57TH AVE.		1.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33144		14 City - ST - ZIP				
TITLE		DELETE	☐ DELETE 2.1 DITLE			☐ Change	Addition
NAME			22 NAME		•		
BTREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2 4 CITY-S1-ZIP				
TITLE		L DELETE			•	Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3 3 STREET				
Offy-ST-ZIP		☐ DELETE	3.4. CITY - ST - ZIP 4.1 TITLE			Change	Addition
NAME			4 2 NAME			LI Orizinge	L. J Addition
STREET ADDRESS			4.3 STREET	22 19004			
CITY ST-ZIP			4.4 City-St			•	
TITLE	DELETÉ		51 TITLE			Change	Addition
NAME			5 2 NAME				
STREET ADDRESS	s		5.3 STREET ADDRESS				
CITY-ST-ZIP			5 4 DITY-SI	-7IP			
TITLE		☐ DELETE	TE 61 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			63STREET	ADDRESS			
CITY-ST-ZIP	ov pertify that the information a marked	with this filing does not a wife	6.4 CITY-ST		Lin Pootion 110 07/200 Florida Control	I further could be a	the
14. I do 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 arrival report or supplemental arrival 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 attactment with an address.							