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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P92000012030 (2)**

1. Corporation Name
BANKING MORTGAGE CORPORATION, INC.

Principal Place of Business	Mailing Address
2315 S.W. LEJEUNE RD CORAL GABLES FL 33134 US	2315 S.W. LEJEUNE RD CORAL GABLES FL 33134-5036 US

3. Date Incorporated or Qualified: 12/14/1992
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21 343 Alcazar Avenue	26 343 Alcazar Avenue
Suite, Apt. #, etc. 22 -	Suite, Apt. #, etc. 27 -
City & State 23 Coral Gables, FL	City & State 28 Coral Gables, FL.
Zip 24 33134	Zip 29 33134
Country 25 US	Country 30 US

4. FEI Number: 65-0373560 ☐ 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	10. Name and Address of New Registered Agent
MILO, JR. A 109-3 TERRACE MIAMI BEACH FL 33139	81 Name: Alberto Milo Jr 82 Street Address (P.O. Box Number is Not Acceptable): 1801 Collins Avenue [redacted] 83: Unit L-7 84 City: Miami Beach FL 85 Zip Code: 33139

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: Alberto Milo Jr. Vice-President DATE: 2/10/97
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	DVS ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MILO, ALBERTO JR.	1.2 NAME	
STREET ADDRESS	1801 COLLINS AVENUE, UNIT L-7	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	DPT ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ROBAINA, MARGARITA	2.2 NAME	
STREET ADDRESS	8265 SW 44 STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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 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: Alberto Milo Jr. 2/10/97 305-445-8222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0182424