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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY - ST - ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 07 1997 8:00am

Secretary of State

R2E034

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000013800 (6)

AMERISFIRST MORTGAGE AND INVESTMENT INC.

Principal Place of Business Mailing Address 633 NE 167TH ST. SUITE **506 901** N. MIAMI BCH. FL 33162 633 NE 167TH ST. SUITE 585 901 N. MIAMI BCH. FL 33162-2443 3. Date Incorporated or Qualified 3a. Date of Last Report 02/24/1993 02/20/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number **Applied** For 65-0389802 26 Not Applicable Suite, Apt. #, etc. Suite Apt # etc \$8.75 Additional 5. Certificate of Status Desired STE. 901 STE. 901 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing П Trust Fund Contribution Added to Fees 23 28 $Z_{\mathbb{P}}$ Country Country 8. This corporation has liability for intangible tax under s. 199.032, ¥3 Yes ☐ No 24 30 Florida Statutes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name AMERIS, RENE D 633 NE 167TH ST. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 505 83 N. MIAMI BCH. FL 33162 Zip Code 85 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. Laru familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Segments: $(j * c) \Rightarrow printed name of registered agost and like if applicable$ (NOTE: Rog stered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS (96/6)12 13. Change Addition TITLE DELETE 1.1 TITLE AMERIS, RENE D. 1.2 NAME NAVE 633 NE 167TH ST., STE. 505 STREET ADDRESS 1.3 STREET ADDRESS N. MIAMI BCH. FL 14 CITY-ST-ZIP CITY - \$1 - ZIP DELETE Change Addition TILLE 21 TITLE AMERIS, NADINE B. NAME 22 NAME 633 NE 167TH ST., STE. 505 2.3 STREET ADDRESS STREET ADORESS N. MIAMI BCH. FL 2.4 CITY - ST - ZIP CITY \$1 - ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZP DELETE __ Change Addition DIRE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CHY- \$1, 20 Change Addition DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET LADIORESS 5.4 City - ST - ZIP 0:17 - S1 - 7/P DELETE Change Addition 6.1 TITLE 10116 NAMi 5.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 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 reveiver or this see empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

Agene D Ameris

address.

llock 13 if changed, or on a

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF