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

PROFIT
CORPORATION
ANNUAL REPORT

### O O O 5



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000013800

1. Corporation Name AMERISFIRST MORTGAGE AND INVESTMENT INC.

## FILED May 04, 2000 8:00 am Secretary of State

05-04-2000 90221 047 \*\*\*150.00

						U0080967
Principal Place	of Business	Mailing Address				
•	E. 167TH STREET	633 N.E. 167TH	H STI	REE	T	
STE 901 STE 901						DO NOT WIDITE IN THIS SPACE
NO MIAMI BEACH, FL 33162 NO MIAMI BEACH			I, FI	, FL 33162		DO NOT WRITE IN THIS SPACE
US	·	US	n*.			3. Date Incorporated or Qualifed 02/24/1993
. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number Applied For
26						65-0389802 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired   \$8.75 Additional
27			_			Fee Required
City & State City & State						6. Election Campaign Financing \$5.00 May Be
i Zip	Country	28	Col	untry		Trust Fund Contribution Added to Fees
I Zip	25		30	J.1.0. y		8. This corporation owes the current year Intangible Personal Property Tax.
I	9. Name and Address of Curren		30	Τ		10. Name and Address of New Registered Agent
				81	Name	
	, RENE D.			93	Change Addre	and (D.O. Boy Alumbas in Not Apportunity)
633 N.E. 167TH STREET				82 Street Address (P.O. Box Number is Not Acceptable)		
SUITE 5				83		
NORTH N	MIAMI BEACH, FL 33	162		64	0:1.	Inc. 7in Code
				84	City	FL 85 Zip Code
office or re	o the provisions of Sections 607.050 gistered agent, or both, in the State n familiar with, and accept the obliga	of Florida. Such change was au	ıthorize	d by t	the corporatio	oration submits this statement for the purpose of changing its registered or's board of directors. I hereby accept the appointment as registered
IGNATURE _			_			
	Signature, typed or printed name of registered ager			i Agent	signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
2.		D DIRECTORS	13. 1,1 ∏	TR E		Change Additional Change Addition
TLE (P	P AMERIS, RENE D,	Corre	•			
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- ST-ZIP		-·	6.4 CF	TY-ST-	ZIP	

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 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, with all other like empowered.

SIGNATURE: X

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

× 4/28/200 305655-3320

;R2E034 (11/98)