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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # P93000018172 (5)

1. Corporation Name  
**PROFESSIONAL MORTGAGE SERVICES OF MIAMI, INC.**

Principal Place of Business

12651 S. DIXIE HWY.  
SUITE 308  
MIAMI FL 33156  
US

Mailing Address

9704 COSTA DEL SOL BLVD.  
MIAMI FL 33178

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>03/10/1993</b>	3a. Date of Last Report <b>06/21/1994</b>
4. FEI Number <b>65-0397517</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2b. Mailing Address
22. Suite, Apt. #, etc	26. <b>12651 S. DIXIE HWY</b>
23. City & State	27. <b>SUITE 308</b>
24. Zip	28. <b>MIAMI FL</b>
25. Country	29. <b>33156</b>
	30. <b>US</b>

9. Name and Address of Current Registered Agent				10. Name and Address of Now Registered Agent			
<b>LOBO, JOHN V</b> <b>9704 COSTA DEL SOL BLVD.</b> <b>MIAMI FL 33178</b> <i>Change address</i>				81. Name	<b>LOBO, JOHN V</b>		
				82. Street Address (P.O. Box Number is Not Acceptable)	<b>12651 S. DIXIE HWY</b>		
				83. Suite, Apt. #, etc	<b>SUITE 308</b>		
				84. City	<b>MIAMI</b>	85. State	<b>FL</b>

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: *X John V. Lobo*, **JOHN V. LOBO** **4/24/95**  
(Signature and typed name of registered agent and his or her successor) (NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOBO, JOHN V</b>	1.2 NAME	<b>LOBO, JOHN V</b>
STREET ADDRESS	<b>9704 COSTA DEL SOL BLVD.</b>	1.3 STREET ADDRESS	<b>12651 S. DIXIE HWY, SUITE 308</b>
CITY-ST-ZIP	<b>MIAMI FL 33178</b>	1.4 CITY-ST-ZIP	<b>MIAMI, FL 33156</b>
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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: *X John V. Lobo*, **JOHN V. LOBO** **4/24/95** **305-253-9029**  
(Signature and typed name of signing officer or director)