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CORPORATION ANNUAL REPORT



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

DOCUMENT #

1996

P93000018172 (5)

PROFESSIONAL MORTGAGE SERVICES OF MIAMI, INC. Principal Place of Business Mailing Address 12651 S. DIXIE HWY. 12651 S. DIXIE HWY. SUITE 308 STE 308 MIAMI FL 33156 MIAMI FL 33156 U\$ 3. Date Incorporated or Qualified 3a. Date of Last Report 03/10/1993 05/01/1995 2. Principal Place of Business 21 8603 S.D. 2a. Mailing Address 4. FEI Number Applied For 8603 65-0397517 Not Applicable Suite Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired **JUITE** City & Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s 199.032, 24 331Y 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LOBO, JOHN V Street Address (P.O. Box Number is Not Acceptable) 82 12651 S. DIXIE HWY **STE 308** 83 **MIAMI FL 33156** 84 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 familiar with, and apopt the obligations of Section 607.0505, Florida Statutes. LOVO JOHN V. LOBO, OWNER of registered agont and title if applicable. (NOTE Registered A Koto SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS (12/95)13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THILE DELETE 1. 1 TITLE Change Addition NAME LOBO, JOHN V 1.2 NAME CR2E034 STREET ADDRESS 12651 S. DIXIE HWY, STE 308 8603 S. DIXIE HIGHWAY, #402 1.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 1.4 CITY - ST- ZIP Miami, Fra THLE DELETE 2 17016 ☐ Change ☐ Addition 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY-ST-ZIP 3.4 CITY - ST- ZIP TIFLE 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 54 CITY-ST-ZIP THLE DELETE 6 1 TITLE ☐ Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 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 119.07(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 appears in Block 12 or Block 13 if changed, or on an attachment with an address. 6.4 CITY-ST-ZIP

JOHN V. LOBO