

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000058228 (6)

1. Corporation Name

HOME MORTGAGE LOANS OF AMERICA, INC.



Principal Place of Business

12685 S. DIXIE HIGHWAY  
MIAMI FL 33156

Mailing Address

12685 S. DIXIE HIGHWAY  
MIAMI FL 33156

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 2588 SW 27th AVE

22 City & State 27 MIAMI FL

23 Zip

Country

28 Zip

Country

24 25 29 30 33133 USA

9. Name and Address of Current Registered Agent

VALDES, CARLOS  
HOME MORTGAGE LOANS OF AMERICA  
12685 S. DIXIE HIGHWAY  
MIAMI FL 33156

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

08/19/1993

3a. Date of Last Report

03/23/1995

4. FET Number

65-0430870

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

10. Name and Address of New Registered Agent

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when not Statutory)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT  
NAME JAFFE, GEORGE  
STREET ADDRESS 13337 S.W. 8 LANE  
CITY- ST- ZIP MIAMI FL 33184 ☐ DELETE

TITLE VPS  
NAME VALDES, CARLOS  
STREET ADDRESS 13125 S.W. 8 LANE  
CITY- ST- ZIP MIAMI FL 33184 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE PT  
2. 1 NAME JAFFE, GEORGE  
3. 1 STREET ADDRESS 13300 SW 68 AVE  
4. 1 CITY- ST- ZIP MIAMI FL 33156 ☒ Change ☐ Addition

2. 1 TITLE  
2. 2 NAME  
2. 3 STREET ADDRESS  
2. 4 CITY- ST- ZIP ☐ Change ☐ Addition

3. 1 TITLE  
3. 2 NAME  
3. 3 STREET ADDRESS  
3. 4 CITY- ST- ZIP ☐ Change ☐ Addition

4. 1 TITLE  
4. 2 NAME  
4. 3 STREET ADDRESS  
4. 4 CITY- ST- ZIP ☐ Change ☐ Addition

5. 1 TITLE  
5. 2 NAME  
5. 3 STREET ADDRESS  
5. 4 CITY- ST- ZIP ☐ Change ☐ Addition

6. 1 TITLE  
6. 2 NAME  
6. 3 STREET ADDRESS  
6. 4 CITY- ST- ZIP ☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/96

305-255-5552

CR2E034 (12/95)