

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Mar 27 1998 8:00am
Secretary of State

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

2588 SW 27TH AVE
MIAMI FL 33133
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1993

4. FEI Number

65-0430870

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 7000 SW 97th AVE.

2a. Mailing Address

26 7000 SW 97th AVE.

Suite, Apt. #, etc.

22 Suite 210

Suite, Apt. #, etc.

27 Suite 210

City & State

23 Miami, Florida

City & State

28 Miami, Florida

Zip

24 33173

Country

25 US

Zip

29 33173

Country

30 US

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
7000 SW 97th Ave. - Ste. 210

83

84 City MIAMI,

FL

85 Zip Code

33173

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~PTD~~ ☒ DELETE
NAME ~~AGOSTA, PEDRO~~
STREET ADDRESS ~~12685 S. DIXIE HIGHWAY~~
CITY-ST-ZIP ~~MIAMI FL 33156~~

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME PTD
1.3 STREET ADDRESS JAFFE, GEORGE
1.4 CITY-ST-ZIP 7000 SW 97th Ave. - Ste. 210
Miami, Florida 33173

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 7000 SW 97th Ave.- Ste. 210
2.4 CITY-ST-ZIP Miami, Florida 33173

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-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.

SIGNATURE

Carlos Valdes

CARLOS VALDES

3-24-98

CR2E034 (10/97)