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FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000059172 (5)

1. Corporation Name

CITY MORTGAGE CORPORATION OF MIAMI

Principal Place of Business

2451 BRICKELL AVE
SUITE 8N
MIAMI FL 33186

Mailing Address

2451 BRICKELL AVE
SUITE 8N
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1993

4. FEI Number

65-0431658

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 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

CARABALLO, LEONIDAS R.
13351 S.W. 54TH STREET
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name CARABALLO, LEONIDAS R.

82 Street Address (P.O. Box Number is Not Acceptable)
955 SW 2nd Ave Suite 804

83

84 City Miami

FL

85 Zip Code 33130

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 for if applicable

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME CARABELLO, LEONIDAS
STREET ADDRESS 13351 S.W. 54 STREET
CITY-ST-ZIP MIAMI FL 33175 ☐ DELETE

TITLE VTD
NAME CARABELLO, LEONIDAS
STREET ADDRESS 13351 S.W. 54 STREET
CITY-ST-ZIP MIAMI FL 33175 ☐ 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 PSD
1.2 NAME CARABALLO, LEONIDAS R. ☒ Change ☐ Addition
1.3 STREET ADDRESS 955 SW 2nd Ave Suite 804
1.4 CITY-ST-ZIP MIAMI, FL 33130

2.1 TITLE VTB
2.2 NAME CARABALLO, LEONIDAS R. ☐ Change ☐ Addition
2.3 STREET ADDRESS 955 SW 2nd Ave Suite 804
2.4 CITY-ST-ZIP MIAMI, FL 33130

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 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:

Caraballo

4/20/98

CR2E034 (10/97)