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Apr 27, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000059172

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

2. Principal Place of Business

21 **2451 BRICKELL AVE**

Suite, Apt. #, etc.

22 **SUITE 8N**

City & State

23 **MIAMI**

Zip

24 **33129**

Country

25 **DADE**

2a. Mailing Address

26 **2451 BRICKELL AVE**

Suite, Apt. #, etc.

27 **SUITE 8N**

City & State

28 **MIAMI**

Zip

29 **33129**

Country

30 **DADE**

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 the current year Intangible

Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

CARABALLO, LEONIDAS R.
955 SW 2ND AVE
STE 804
MIAMI FL 33130

81 Name

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

83

84 City

FL

85 Zip Code

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

Leonidas R. Caraballo

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

(NOTE: Registered Agent signature required when reinstating)

4/20/99

DATE

OFFICERS AND DIRECTORS

12. TITLE ☐ DELETE

NAME **PSD**
CARABALLO, LEONIDAS R
 STREET ADDRESS **955 SW 2ND AVE, STE 804**
 CITY-ST-ZIP **MIAMI FL 33130**

TITLE ☐ DELETE

NAME **VTB**
CARABALLO, LEONIDAS R
 STREET ADDRESS **955 SW 2ND AVE, STE 804**
 CITY-ST-ZIP **MIAMI FL 33130**

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

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☐ 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, with all other like empowerment.

SIGNATURE:

Leonidas R. Caraballo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

DATE

Daytime Phone #

CR2E034 (11/98)