SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000067455 (4)

FIRST AMERICAN TRUST MORTGAGE CORPORATION

Fillicipal Flace of business
1470 N.W. 107TH AVE.
SUITE C
SUITE C MIAMI FL 33172

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

1470 N.W. 107TH AVE. SUITE C

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

MIAMI FL 33172

FILED Aug 20 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

09/28/1993

65-0494483

4. FEI Number

Zip		Country	Zip	Cor	untry		8. This corporation owes or has paid the current year Intangible	
24		25	29	30			Personal Property Tax due June 30Yes No	
							10. Name and Address of New Registered Agent	
FAMADA, MARIO						Name		
1470 N.W. 107TH AVE.						Street	Address (P.O. Box Number is Not Acceptable)	
SUITE C						Subotr	notions (F.C. pox Number is Not Acceptable)	
MIAMI FL 33172					83			
					84			
						City	FL 85 Zip Code	
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								
40	Signature, typed	or printed name of registered agent			ared A	onl signatur	re required when reinstating) DATE.	
12. TITLE	<u> </u>	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	FAMADA,	MARIO	L_] DELETE				Change Addition	
		. 107TH AVE. #C		1.2 N/				
STREET ADDRESS	MIAMI FL					ADDRESS		
CITY-ST-ZIP	MINIMIT	33112			TY-ST	ZIP		
TITLE	C. DELETE		2.1 TI]	Change Addition		
NAME				2.2 N				
STREET ADDRESS				2.3 \$1	REET	ADDRESS		
CITY-ST-ZIP			·····		TY-ST	-ZIP		
TITLE			L DELETE	3.1 Ti			Change Addition	
NAME				3.2 N/	AME	ĺ		
STREET ADDRESS				3.3 ST	REET	ADDRESS		
CITY-ST-ZIP					TY-ST	ZIP		
TITLE			DELETE	4.1 Ti	TLE		Change Addition	
NAME				4.2 N	AME	ļ		
STREET ADDRESS				4.3 ST	REET	ADDRESS		
CITY-ST-ZIP	· ···			4.4 CI	TY-ST-	ZIP		
TITLE			DELETE	5.1 T)	TLE		Change Addition	
NAME				5.2 N/	AME:			
STREET ADDRESS				5.3 ST	REET	address (
CITY-ST-ZIP				5.4 CI	TY-ST	ZIP		
TITLE			DELETE	6.1 T)	TLE		Change Addition	
NAME				6.2 N	AME			
STREET ADDRESS				6.3 SY	REET	ADDRESS		
CłTY-ST-ZIP				6.4 CI	TY-ST-	ZIP		
indicated of an officer of	on t his annua or di re ctor of	I report or supplemental a	innual report is true and acci eiver or trustee empowered	urate and	that i	mv signa	section 119.07(3)(i), Florida Statutes. I further certify that the information ture shall have the same legal effect as if made under oath; that I am s required by Chapter 607, Florida Statutes; and that my name appears	