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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE 1

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000074739 (2)

FLORIDA FEDERAL MORTGAGE CORPORATION

FILED
Apr 28 1997 8:00am
Secretary of State

CH ED



Principal Place of Business 116 SW 26TH RD SUITE 962 MIAMI FL 33129 US		Mailing Address 116 SW 28TH R SUITE 362 MIOAMI FL 33129-2320 US	116 SW 28TH R SUITE 362 MIOAMI FL 33129-2320		3. Date Incorporated or Qualified 3a. Date of Last Report 10/25/1993 04/30/1996			
2. Principal F	Place of Business	2a, Mailing Address			4. FEI Number	J 04/00		Applied For
21		26			65-0590943		$\rightarrow$	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional		
22		27			p. Certificate of Status Desired		Fee	Required
City & Stat	te	City & State	City & State		6. Election Campaign Financing	-	\$5.0	O May Bo
23		28		·	Trust Fund Contribution			d to Fees
Zip	Country	Zip	Country	<i>'</i>	8. This corporation has liability for i		_	s. 199.032,
24	25	29	30				No	
	9. Name and Address of Curre	nt Hegistered Agent	81	Name	10. Name and Address of New Re	gistered Aç	gent	···
	BAN, RICHARD		81	Ivanie				
	SW 28TH RD		82	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
MIAI	MI FL 33129		83					
		•	03					
			84	City		<u></u>	<b>85</b> Zi	p Code
		00 1007 1100 51		J	rporation submits this statement for the p	FL	Ļ.J.,.	
12. TITLE	Signature, typed or printed name of registered as OFFICERS Af	ND DIRECTORS	13. 1.1 HITEF		ulred when renatating) ADDITIONS/CHANGES TO OFFIC		DIRECTO	
	PLEBAN, RICHARD	[ ] Deterit				L	Chang	E AUGINUA
NAME STREET ADDRESS	116 SW 28TH RD		1.2 NAME 1.3 STREET	ADDRESS				
,	MIAMI FL			1				
CITY-ST-ZIP TITLE	WILL WALL I L	DELETE	14 CITY-5	51 - ZIF*			Change	Addition
NAME			2.2 NAME	}		1-	+.w.iñ.	
STREET ADDRESS			2.9 STREET	ADDRESS				
CITY-ST-ZIP			2.4 CiTY-					
TITLE		DELETE	3.1 TITLE				Chang	e 🔲 Addition
NAME			3.2 NAME				-	
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY-	\$1 - 712				
TITLE		DELETE	4.1 TITLE				Chang	e 🔲 Addition
NAME			4. 2 NAME					
STREET ADDRESS			4 3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP				
TITLE		DELETE	5.1 TITLE			- 1	Chang	e 🔲 Addition
NAME			5.2 NAME					
STREET ADDRESS	*		5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY - 5	S1-2(P				
TITLE		☐ DELFTE	G.1 TITLE				Chang	e 🔲 Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY - S	11-ZIP				
#4 I do boro								

. I do 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.

CIONATUDE.

112 May 15 Mm

4/21/20 205

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