SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $223 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 16 AM 11:14

DOCUMENT # **P93000075147 (7)**

1. Corporation Name
EXCLUSIVE MORTGAGE CO.

Principal Place of Business	Mailing Address
1800 SW 27TH AVE SUITE 502 MIAMI FL 33145	1800 SW 27TH AVE SUITE 502 MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/27/1993
3a. Date of Last Report: 06/01/1994

21 2. Principal Place of Business: 3399 Ponce de Leon Blvd
22 Suite, Apt. #, etc.: 205
23 City & State: Coral Gables, FL
24 Zip: 33134
25 Country: USA

27a. Mailing Address: 3399 Ponce de Leon Blvd
27 Suite, Apt. #, etc.: 205
28 City & State: Coral Gables, FL
29 Zip: 33134
30 Country: USA

4. FEI Number: 65-0445149 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Trust Fund Compliance ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BLANCO, JACQUELINE
1800 SW 27TH AVE
SUITE 502
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name: Jacqueline Blanco
82 Street Address (P.O. Box Number is Not Acceptable): 3399 Ponce de Leon Blvd
83: Suite 205
84 City: Coral Gables FL 85 Zip Code: 33134

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: Jacqueline Blanco (Signature of new or previous registered agent if filing this application) (NOTE: Registered Agent signature required when reinstating) DATE: 6/12/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, AND DELETIONS	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	BLANCO, JACQUELINE	12 NAME	
STREET ADDRESS	1800 SW 27TH AVE #502	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33145	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 asterisk.

SIGNATURE: Jacqueline Blanco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/95 (305) 441-9676
Date Daytime Phone #

0040070 CP