FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

AMENDMENT

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 JUL 25 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000085712

1. Corporation Name
GOOD FAITH MORTGAGE CORP

Principal Place of Business	Mailing Address
16969 NW 67 AVE, SUITE 204 MIAMI LAKES, FL 33015	SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11-19-93	3a. Date of Last Report: 1994
4. FEI Number: 65-0449052	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☑ No	

21 Principal Place of Business: 6175 NW 153RD ST.	26 Mailing Address		
22 Suite, Apt. #, etc: #204	27 Suite, Apt. #, etc: SAME		
23 City & State: MIAMI LAKES, FL	28 City & State		
24 Zip: 33014	25 Country: USA	29 Zip	30 Country

9. Name and Address of Current Registered Agent

CARLOS A. GARCIA
6175 NW 153RD ST
SUITE 204
MIAMI LAKES, FL 33014

10. Name and Address of New Registered Agent

81 Name: N/A
82 Street Address (P.O. Box Number is Not Acceptable)
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: Carlos A. Garcia
Signature required for printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LOURDES GARCIA SECRETARY & VICE PRESIDENT 16969 NW 67 AVE., #204 MIAMI LAKES, FL 33015	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition SECRETARY & VICE PRESIDENT LOURDES GARCIA 6175 NW 153 ST. #204 MIAMI LAKES, FL 33014
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY & VICE PRESIDENT JOSE VEDAL 16969 NW 67AVE, #204 MIAMI LAKES, FL 33015	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☑ Addition EXECUTIVE VICE PRESIDENT MARCOS L. ACOSTA 6175 NW 153 ST. # 204 MIAMI LAKES, FL 33014
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REGISTERED AGENT CARLOS A. GARCIA 16969 NW 67AVE #204 MIAMI LAKES, FL 33015	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☑ Change ☐ Addition PRESIDENT & REGISTERED AGENT CARLOS A. GARCIA 6175 NW 153 ST # 204 MIAMI LAKES, FL 33014
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	700001561087 -08/01/95--01090--023 *****70.00 *****70.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TLS, 7/25/95	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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 address.

SIGNATURE: Carlos A. Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #