FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 APR -6 AM 10: 07

DOCUMENT # **P93000085712 (6)**

1. Corporation Name
GOOD FAITH MORTGAGE CORP.

Principal Place of Business	Mailing Address
16969 NW 67 AVENUE SUITE 204 MIAMI FL 33015	16969 NW 67 AVENUE SUITE 204 MIAMI FL 33015

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/15/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 6175 N.W. 153rd ST
22 Suite, Apt. #, etc.: 204
23 City & State: Miami LAKES, FL.
24 Zip: 33014
25 Country: DADE

2a. Mailing Address
26: 6175 N.W 153rd ST
27 Suite, Apt. #, etc.: 204
28 City & State: Miami LAKES, FL.
29 Zip: 33014
30 Country: 1

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

9. Name and Address of Current Registered Agent

GARCIA, CARLOS A
16969 NW 67 AVENUE
SUITE 204
MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	11 TITLE	☐ Change ☐ Addition
NAME	GARCIA, CARLOS A	12 NAME	
STREET ADDRESS	18778 NW 79TH PLACE	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015	14 CITY-ST-ZIP	
TITLE	VS	21 TITLE	VS ☑ Change ☐ Addition
NAME	VIDAL, JOSE A	22 NAME	Lourdes Garcia
STREET ADDRESS	8761 SW 43 ST.	23 STREET ADDRESS	18778 N.W. 79th Place
CITY-ST-ZIP	MIAMI FL 33165	24 CITY-ST-ZIP	Miami, FL. 33015
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	

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 any attachment with an address.

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

CARLOS A. GARCIA, PRESIDENT.