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

29

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P93000085712 (6)

GOOD FAITH MORTGAGE CORP.

FILED Apr 10 1997 8:00 am Secretary of State

- I ARRANDRA AND ADARDA LANKA DERKA DERKA DERKA BRADA ADARA DANKA ADERKA KARAN ANDRA KADAR

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

		41) 1886) 1111 1840 1840 1850 1850 1860 1860 1860 1860 1860 1860 1860 1860 1860			
Principal Place of Business	Mailing Address	F POOTLOON HELD LINE ARIES SHILL BOUND BOWN	NECTION 120 (2000 1141) ORAN COTTO SCILL OCTON NATA OCTON 1800 IN TOUCH INSTRUMENT		
6175 N W 153 ST STE 204 MIAMI LAKES FL 33014	6175 N W 153 ST STE 204 Miami Lakes Fl 33014-2435				
US .	U\$	Date Incorporated or Qualified	3a. Date of Last Report		
		12/15/1993	04/08/1996		
2. Principal Place of Business	2a. Mailing Address	4. FEt Number	Applied For		
<u>n]</u>	26	65-0449052	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 **GARCIA, CARLOS A** 16969 NW 67 AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 **SUITE 204** MIAMI FL 33015 83 City 85 Zip Code

Country

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

agent. I a	m familiar with, and accept the obligations of, Section	607.0505, Floric	norized by the corp la Statutes.	poration's board of directors. I hereby a	ccept the appointment as	registerea
SIGNATURE	Signature, typed or printed name of registered agent and title if synticable	(NOT) - L	on etered Agent signature	required when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS	Z (NOTE: N	13.	ADDITIONS/CHANGES TO C		RS IN 12/
TITLE		DELETE	1.1 THILE	Vice fresident	☐ Change	Addition
NAME	GARCIA, LOURDES		1,2 NAME	CARLIS O. AGUILL	R	
STREET ADDRESS	6175 N W 153 ST		1.3 STREET ADDRESS	6175 NW 15300	J/	
CITY-ST-ZIP	MIAMI LAKES FL 33014		1.4 CITY-ST-ZIP	CARLIS O AGUILLE 6175 NW 15300 MIGHI LAKES IFI	33014	/
TITLE	PRA	DELETE	2.1 TITLE	Secutory	Change	Addition
NAME	GARCIA, CARLOS A.		2.2 NAME	CARLOS O. AGUIL	AR	
STREET ADDRESS	6175 N W 153 ST		2.3 STREET ADDRESS	Secutory CARLOS O. AGUIL 6175 NW 15370 S		
CITY-ST-ZIP	MIAMI LAKES FL 33014		2 4 CITY - ST - ZIP	MIAMI COKES FI	33014	
TOTLE		DELFTE	31 HILE		Change	Addition
NAME	•		3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			i
CITY-ST-ZIP			3 4. CITY-ST-ZIP			l
TITLE	L.	DELFTE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			ì
CITY-ST-ZIP			44 CHY-S1-7IP			
TITLE		DELETE	5.1 TOLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS		•	
CITY-ST-ZIP			54 CITY-ST-ZIP			
TITLE		DELFTE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			1
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			64 CITY-ST-ZIP			

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.

305 8271217