

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000086629 (1)

1. Corporation Name

PRIME MORTGAGE SERVICING, INC.



Principal Place of Business

312 MINORCA
CORAL GABLES FL 33134

Mailing Address

312 MINORCA
CORAL GABLES FL 33134

2. Principal Place of Business

21 Subst. Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Subst. Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

12/17/1993

3a. Date of Last Report

03/13/1995

4. FEI Number

65-0464125

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

LAMAR, FERNANDO M
312 MINORCA
CORAL GABLES FL 33134

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 607.0402 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

(Signature of Registered Agent or Registered Agent/Secretary)

(Signature of Registered Agent or Registered Agent/Secretary)

(Date)

12. OFFICERS AND DIRECTORS

11	12	13
11.1 TITLE	DP	☐ DELETE
11.2 NAME	LAMAR, FERNANDO M	
11.3 STREET ADDRESS	312 MINORCA	
11.4 CITY-STATE-ZIP	CORAL GABLES FL	
11.5 TITLE	V	☒ DELETE
11.6 NAME	ABDO, REBECA	
11.7 STREET ADDRESS	312 MINORCA AVE	
11.8 CITY-STATE-ZIP	CORAL GABLES FL	
11.9 TITLE	S	☒ DELETE
11.10 NAME	CHANG, NANCY S	
11.11 STREET ADDRESS	312 MINORCA AVE	
11.12 CITY-STATE-ZIP	CORAL GABLES FL	
11.13 TITLE	T	☒ DELETE
11.14 NAME	ROUCO, RITA	
11.15 STREET ADDRESS	312 MINORCA AVE	
11.16 CITY-STATE-ZIP	CORAL GABLES FL	
11.17 TITLE		☐ DELETE
11.18 NAME		
11.19 STREET ADDRESS		
11.20 CITY-STATE-ZIP		
11.21 TITLE		☐ DELETE
11.22 NAME		
11.23 STREET ADDRESS		
11.24 CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14	15	16
14.1 TITLE	VST	☐ Change ☒ Addition
14.2 NAME	LAMAR, FERNANDO M.	
14.3 STREET ADDRESS	312 MINORCA AVE.	
14.4 CITY-STATE-ZIP	CORAL GABLES, FL 33134	
14.5 TITLE		☐ Change ☐ Addition
14.6 NAME		
14.7 STREET ADDRESS		
14.8 CITY-STATE-ZIP		
14.9 TITLE		☐ Change ☐ Addition
14.10 NAME		
14.11 STREET ADDRESS		
14.12 CITY-STATE-ZIP		
14.13 TITLE		☐ Change ☐ Addition
14.14 NAME		
14.15 STREET ADDRESS		
14.16 CITY-STATE-ZIP		
14.17 TITLE		☐ Change ☐ Addition
14.18 NAME		
14.19 STREET ADDRESS		
14.20 CITY-STATE-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)(a), 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: *Fernando Lamar*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-96

305.446.0632

CR2E034 (12/95)