

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT #

1. Corporation Name

P93000088355

Principal Place of Business
FINANCIAL EMPIRE MORTGAGE CORP.
1740 NW 122ND TERRACE
PEMBROKE PINES, FLORIDA 33026

3. Date Incorporated or Qualified

12/93

3a. Date of Last Report

2. Principal Place of Business

21. 1740 NW 122 TERR

State Apt # etc

2a. Mailing Address

26. 1740 NW 122 Terr

State Apt # etc

4. FLETP Number

65-0456119

Applied For

Not Applied For

22. City & State

23. Pembroke Pines, FL

Zip

27. City & State

28. Pembroke Pines, FL

Zip

24. 33026

25. USA

29. 33026

30. USA

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 contributing life tax under s. 190.05, Florida Statutes.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name

Barbara BAREABI

82. Street Address (P.O. Box Number is Not Acceptable)

1740 NW 122 Terr

83. City

84. State

Pembroke Pines

FL

85. Zip Code

33026

11. This corporation certifies that the information furnished in this statement for the purpose of changing the registered agent is true and correct. The corporation certifies that the person named as the new registered agent is qualified to serve as the registered agent of this corporation. The corporation certifies that the person named as the new registered agent is qualified to serve as the registered agent of this corporation.

SIGNATURE

[Signature]

BARBARA BAREABI

7/26/96

12. OFFICER, DIRECTOR, OR SHAREHOLDER

NAME

President

NAME

MARIA BAREABI

STREET ADDRESS

1740 NW 122 Terr

CITY

Pembroke Pines, FL 33026

STATE

ZIP

NAME

STREET ADDRESS

CITY

STATE

ZIP

NAME

STREET ADDRESS

CITY

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STREET ADDRESS

CITY

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NAME

STREET ADDRESS

CITY

STATE

ZIP

SIGNATURE:

SIGNATURE AND TYPE OF OFFICER, DIRECTOR, OR SHAREHOLDER

[Signature]

100001908241
-07/30/96--01100--020
***233.75

7-30-96
7/26/96 954-450-7701

CR2E034 (3/96)