

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 19 AM 9:23

DOCUMENT # **P94000003204 (2)**

1. Corporation Name  
**AMERICAN MESA MORTGAGE GROUP, INC.**

Principal Place of Business: **8030 SW 13TH ST MIAMI FL 33144**  
Mailing Address: **8030 SW 13TH ST MIAMI FL 33144**

2. Principal Place of Business: **21**  
2a. Mailing Address: **26 P.O. Box 521384**  
State: **22** City & State: **27 MIAMI, FLORIDA**  
Zip: **25** Country: **29** **33/52-1384/30 U.S.A.**

3. Date incorporated or Qualified: **01/06/1994**  
3a. Date of Last Report:   
4. FIC Number: **65-0462033**  
Applied For:  Not Applicable:   
5. Certificate of Status:  **\$0.75 Additional Fee Required**  
6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**  
7. This corporation has liability for intangible tax under § 199.04, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**HABER, ELYSE L  
8030 SW 13TH ST  
MIAMI FL 33144**

10. Name and Address of New Registered Agent  
B1 Name:   
B2 Street Address:   
B3   
B4 City: **FL** B5 State:

11. Pursuant to the provisions of Sections 607.0503 and 607.1504 Florida Statutes, the above named corporation submits this statement for the purpose of certifying its registered agent or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's Board of Directors. Thereby, accept this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>FREEDMAN, HOWARD</b>
STREET ADDRESS	<b>8030 SW 13TH ST</b>
CITY, ST, ZIP	<b>MIAMI FL 33144</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL CHANGE OF OFFICERS AND DIRECTORS

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not apply to the exempted, labeled, as set forth in the Florida Statutes. I further certify that the information is in effect on the annual report or supplemental annual report to be filed on or before the date that my registration expires. The name of the filer is as indicated on the filer's certificate of direct or indirect control of the corporation or the person or persons empowered to execute this report as required by the Florida Statutes. This information is filed on or after the date of filing of the report or on or after the date of filing of the report as required by the Florida Statutes.

SIGNATURE: *Howard A. Freedman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**HOWARD A. FREEDMAN**

*1/13/95 (305)264-0133*