

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000003204 (2)**

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



Principal Place of Business: **8030 SW 13TH ST MIAMI FL 33144**
Mailing Address: **PO BX 521384 MIAMI FL 33152-1384 US**

2. Principal Place of Business: **12902 S.W. 133 Court Suite C Miami, Florida 33176**
2a. Mailing Address: **P.O. Box 522876 Miami, Florida 33152-2876**

3. Date Incorporated or Qualified: **01/06/1994** 3a. Date of Last Report: **01/19/1995**
4. FET Number: **65-0462033**
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

**HABER, ELYSE L
8030 SW 13TH ST
MIAMI FL 33144**

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 607.0702 and 607.1504, 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

12. OFFICERS AND DIRECTORS
1. NAME: **D FREEDMAN, HOWARD** DELETE
2. STREET ADDRESS: **8030 SW 13TH ST MIAMI FL 33144**
3. CITY, ST, ZIP
4. TITLE: DELETE
5. NAME: DELETE
6. STREET ADDRESS
7. CITY, ST, ZIP
8. TITLE: DELETE
9. NAME: DELETE
10. STREET ADDRESS
11. CITY, ST, ZIP
12. TITLE: DELETE
13. NAME: DELETE
14. STREET ADDRESS
15. CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: Change Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. TITLE: Change Addition
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
9. TITLE: Change Addition
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. TITLE: Change Addition
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 qualify for the exemption stated in Section 119.07(4)(k), 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. I am an appointment with the address:

SIGNATURE: *Howard A. Freedman* **Howard A. Freedman** 1/12/96 (305) 262-9597
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)