FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 11 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P94000044 23.

1. Corporation Name
KATIE CORPORATION
% HAROLD DAVIS
8840 S.W. 150 St., Mia 33176

Principal Place of Business / Mailing Address
American Credit Mtge Co.,
420 So. Dixie HiwaY Ste 2-A
Coral Gables, Fl. 33146-2222

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: April 1994
3a. Date of Last Report: n.a. New

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc (22) / Suite, Apt. #, etc (27)
City & State (23) / City & State (28)
Zip (24) County (25) / Zip (29) County (30)

4. FEI Number: 650479484 — 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Harold Davis
American Credit Mtge Co.
420 So. Dixie Hiway, Ste 2-A
Coral Gables, Fl. 33146-2222

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 607.0502 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: HAROLD DAVIS — 4/7/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when manually) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Harold Davis, Pres. 8840 S.W. 150th Street Miami, Florida 33176	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Sec-Treas. Brent Davis 8840 S.W. 150th Street Miami, Fl. 33176	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition AH 4/11

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)(i), Florida Statutes. I further certify that the information indicated on the 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: Harold Davis President — 4/10/95 — 305 6077227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DIRECTOR OR DIRECTOR — Date — Telephone Number
HAROLD DAVIS - Pres.