


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Sep 23, 1999 8:00 am**  
**Secretary of State**

09-23-1999 90007 026 \*\*\*550.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000008973**

1. Corporation Name  
**INTERNATIONAL MORTGAGE INVESTORS, INC.**



Principal Place of Business 299 ALHAMBRA CIRCLE SUITE #317 CORAL GABLES FL 33134 US	Mailing Address 299 ALHAMBRA CIRCLE SUITE #317 CORAL GABLES FL 33134 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>01/24/1994</b>
21	26	4. FEI Number <b>65-0484802</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
City & State	City & State	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	28	
Zip Country	Zip Country	
24	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FAZE, ARNOLD JR 299 ALHAMBRA CIR SUITE #317 CORAL GABLES FL 33134		81 Name	<b>ROBERT F. QUINTERO</b>
		82 Street Address (P.O. Box Number is Not Acceptable)	<b>299 Alhambra Circle</b>
		83	<b>Suite # 317</b>
		84 City	<b>Coral Gables FL 85 Zip Code <b>33134</b></b>

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: *[Signature]*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPPB <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAZE, ARNOLD J JR.	1.2 NAME	
STREET ADDRESS	219 ANITLLA AVE. #6	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINTERO, ROBERT	2.2 NAME	
STREET ADDRESS	555 CRANDON BLVD. #81	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	2.4 CITY-ST-ZIP	
TITLE	CHAIRMAN <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT F. QUINTERO	3.2 NAME	
STREET ADDRESS	555 CRANDON BLVD. PH 81	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAVNE, FL 33149	3.4 CITY-ST-ZIP	
TITLE	CHIEF EXECUTIVE OFFICER <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT F. QUINTERO	4.2 NAME	
STREET ADDRESS	555 CRANDON BLVD PH 81	4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAVNE, FL 33149	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *[Signature]* **September 15, 1999** 378 858 3400  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)