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. Morthani

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P94000020944	(2)
LINE MAITED MORTGAGE CORPORATION		

Mailing Address Principal Place of Business 7955 N.W. 12 STREET 7965 N.W. 12 STREET **SUITE 212** SUITE 212 3a. Date of Last Report MIAMI FL 33126 3. Date Incorporated or Qualified MIAMI FL 33126 07/03/1995 03/17/1994 Applied For FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0476647 26 10766 S.W. 24th Street 21 10766 S.W. 24th Street \$8.75 Additional Suite. Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc Fee Required \$5.00 May Be City & State 6. Election Campaign Financing City & State Γ Added to Fees 28 Miami, Florida Trust Fund Contribution Miami, Florida 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Ζιρ Country Florida Statules Yes No Florida 29 33165 30 24 33165 Florida 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent TEJEDA, MIGUEL TEJEDA, MIGUEL Street Address (P.O. Box Number is Not Ac r is Not Acceptable) 7955 N.W. 12 STREET **SUITE 212** 83 MIAMI FL 33126 33165 Miami 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 (NOTE_Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and little if applicable (36/8)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. **Change** PST DELETE 11 TiTLE TITLE PST TEJEDA, MIGUEL CR2E034 1.2 NAME NAME TEJEDA, MIGUEL 10766 S.W. 24th Street 1.3 STREET ADDRESS 7955 N.W. 12 STREET, SUITE 212 STREET ADDRESS Miami, Florida 14 CITY - ST - ZIP MIAMI FL 33126 CITY - ST - ZIP Change Add-tion VST DELETE 2 1 TITLE TITLE VST BARRETO, CLARA 10766 S.W. 24th Street 22 NAME BARRETO, CLARA NAME 23 STREET ADDRESS 7955 N.W. 12 STREET, SUITE 212 STREET ADDRESS Miami, Florida 2 4 City - ST - ZIP MIAMI FL 33126 City - St - ZiP Cnange Addition DELETE 31 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 41 THILE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5 1 THILE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 61 TITLE TITLE 6.2 NAME NAME **63 STREET ADDRESS** STREET ADDRESS 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)(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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address 6 4 CITY - ST - ZIP

7.7.96 (305) 228-0019