


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

FILED

Jan 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000025951 (2) 1. Corporation Name MORTGAGE LENDER USA, INC.					
Principal Place of Business 7315 WEST FLAGLER ST. MIAMI FL 33144 US			Mailing Address 7315 WEST FLAGLER ST. MIAMI FL 33144 US		
3. Date Incorporated or Qualified 04/01/1994					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28		4. FEI Number 65-0485921 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent HERNANDEZ, LAZARO O 10752 SW 3RD STREET., #1 SWEETWATER FL 33174			10. Name and Address of New Registered Agent 81 Name HERNANDEZ, LAZARO O. 82 Street Address (P.O. Box Number is Not Acceptable) 10750 SW 3rd Street, #3 83 84 City SWEETWATER FL 85 Zip Code 33174		
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, 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 NAME STREET ADDRESS CITY-ST-ZIP PST CAVANAUGH, MONICA O. 9311 SW 52ND TERRACE MIAMI FL 33165-6519			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP Change Addition		
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.					
SIGNATURE: <u>Monica O. Cavanaugh</u> MONICA O. CAVANAUGH (305)267-9696 1/19/98					



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)