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

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS					
	MENT # P940 0	00029648 (0))				
	EST MORTGAGE & INVES	TMENTS, INC.			£ 18811881 \$18 1811 81811 80611 80611		aneig Nevic Andri güçl (Andr
Principal Place	of Dunings	A A - Trans A - I - I - I - I - I - I - I - I - I -					
8150 S.W. 81		Mailing Address 8150 S.W. 8TH ST.					
#203 Miami Fl 33		#203 MIAMI FL 33144					
MINIMI I E VV	177	MIRMI PL 33144			3. Date Incorporated or Qualified		of Last Report
2. Principal Pl	ace of Business	2a. Mailing Address			04/19/1994 4. FEI Number	12/0	06/1995
21		26		65-0502740		Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Ж	\$8.75 Additional	
City & State		City & State		6. Election Campaign Financing /	· ^	Fee Required	
23		28			Trust Fund Contribution		\$5.00 May Be Added to Fees
Ζφ 24	Country 25	Zip	Country	*	8. This corporation has liability for		
	9. Name and Address of Curre	29 nt Registered Agent	30		Florida Statutes Yes 10. Name and Address of New R	□ No legistered A	gent
			81	Name		08.0.0.	Beirr
	TRO, OSCAR		82	Street Add	dress (P.O. Box Number is Not Acceptab	ole)	
#203	W. 8TH ST.		83				
MIAMI FI	L 33144					···-	
			84	City		FL	85 Zip Code
11. Pursuant to or register	to the provisions of Sections 607.050 and agent, or both, in the State of Flor	2 and 607.1508, Florida Statutes ida. Such change was authorized	s, the above r	iamed corpo	oration submits this statement for the pur and of directors. Thereby accept the appo	pose of chan	ging its registered office
Terrina TT	th, and accept the obligations of, Sec	tion 607.0505, Florida Statutes.	a by me co.p.	JIDHON G DOL	and or embotions. Thistory accept, the appe	JURUBELL 92 LE	ogistereo agent, i am
	Signature, typed or printed name of registered ager	ic and tide if applicable (NOT)	i: Registeria Agrin	t Symature respis	eed when recustating!	DATE	
12.	OFFICERS AND DIRECTORS PSTD		13.		ADDITIONS/CHANGES TO OFFI		
NAME	OSCAR DE CASTRO	☐ DELETE	1. 1 TILLE 1.2 NAME 1.3 STREET ADDRESS				Change
STREET ADDRESS	8150 S.W. 8TH STREET						
CHTY - ST - ZIP	MIAMI FL 33144		14 CITY - S				
TULE		☐ DELETE	2 1 TI7(F				Change Addit on
NAME CIRCEL ADDRESS			2.2 NAME				
STREET ADDRESS CITY-ST-ZIP			2.3 STREET				
TITLE	DELETE		2.4 CHY-ST ZIP 3.1 TITLE				Change
NAME			3.2 NAME	1		u	S lange
STREET ADDRESS			33 STREET	ADDRESS			
CITY-ST-ZIP			34 CHY ST	- ZIP			
TITLE NAME		DELETE	4 1 TITLE 4.2 NAME				Change
STREFT ADDRESS			4.2 NAME 4.3 STREET	Anne: cc			
CITY-ST-ZIP			4.4 CITY - ST	ļ			
ITLE		☐ DELETE					Change Addition
NAME			5 2 NAME				
STREET ADDRESS			53 STREET				
CITY-S1-ZIP TITLE		☐ DELETE	54 CHTY- ST 6 1 TITLE	- ZIP			Chases Fill Addition
NAME		يا المداد	6.2 NAME				Change Addition
STREET ADDRESS			6.3 STREET A	ADDRESS			
CITY OF THE				[

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. Horrher 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 en powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if aligninged, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPESOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)