

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90168 035 ***150.00

DOCUMENT # P94000036132

1. Corporation Name

**AMALGAMATE MORTGAGE & FINANCIAL INVESTMENT CORPO
RATION**

Principal Place of Business

18151 NE 31ST CT
STE 301
AVENTURA FL 33160
US

Mailing Address

18151 NE 31ST CT
STE 301
AVENTURA FL 33160
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1994

4. FEI Number

65-0490889

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. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSON, MICHLA G
2875 N.E. 191ST ST.
SUITE 800
AVENTURA FL 33180**

81 Name

JOHNSON, MICHLA G.

82 Street Address (P.O. Box Number is Not Acceptable)

18151 N.E. 31st Court

83

STE. 301

84 City

AVENTURA

FL

85 Zip Code

33160

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 **MICHLA G. JOHNSON**

Signature, typed or printed name of registered agent and title if applicable

MICHLA G. JOHNSON

(NOTE: Registered Agent signature required when reinstating)

APRIL 20, 1999

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **JOHNSON, MICHLA G**
STREET ADDRESS **2875 NE 191ST. STREET**
CITY-ST-ZIP **AVENTURA FL 33180**

1.1 TITLE **P** ☐ Change ☐ Addition
1.2 NAME **JOHNSON, MICHLA G.**
1.3 STREET ADDRESS **18151 N.E. 31st COURT, Ste 301**
1.4 CITY-ST-ZIP **Aventura, FL 33160**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: **MICHLA G. JOHNSON** **MICHLA G. JOHNSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/99

Date

305 932-3393

Daytime Phone #

CR2E034 (11/98)