

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

**APPROVED
AND
FILED**

05/12/1994 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. McPherson
Secretary of State
CORPORATION

DOCUMENT # P94000036941 (0)

GARCIA MORTGAGE COMPANY

Principal Place of Business

Mailing Address

7211 N DALE MABRY HWY
STE 205
TAMPA FL 33614

7211 N DALE MABRY HWY
STE 205
TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/12/1994

3a. Date of Last Report

4. Fed No. **59-3243285**

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**

7. This corporation has liability for retroactive taxes under the Florida Statutes Yes No

21. Principal Place of Business

26. Mailing Address

22. State App # etc

27. State App # etc

23. City & State

28. City & State

24. City & State

25. City & State

29. City & State

30. City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DIAZ-GARCIA, WILLIAM
7211 N DALE MABRY HWY
STE 205
TAMPA FL 33614**

B1. Name

B2. Street Address (P.O. Box Number is Not Acceptable)

B3.

B4. City

FL

B5. Zip Code

11. Pursuant to the provisions of Sections 609 and 610, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in the State of Florida, and this 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 law for F.S. 610, Florida Statutes.

SIGNATURE

Name of Registered Agent (Print Name, Last Name, First Name, Middle Initial)

Name of Registered Agent (Print Name, Last Name, First Name, Middle Initial)

Signature

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICER	NAME	STREET ADDRESS	CITY & STATE
1	PTD DIAZ-GARCIA, WILLIAM	7211 N DALE MABRY HWY #205 TAMPA FL 33614	
2	VSD CASTILLO, ANDY	7211 N DALE MABRY HWY #205 TAMPA FL 33614	
3			
4			
5			
6			
7			
8			

OFFICER	NAME	STREET ADDRESS	CITY & STATE	Change	Addition
1				<input type="checkbox"/>	<input type="checkbox"/>
2				<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>
5				<input type="checkbox"/>	<input type="checkbox"/>
6				<input type="checkbox"/>	<input type="checkbox"/>
7				<input type="checkbox"/>	<input type="checkbox"/>
8				<input type="checkbox"/>	<input type="checkbox"/>

14. I, the undersigned, certify that the information supplied on this form is voluntarily furnished and does not qualify for the exemption stated in Sections 610 and 611, Florida Statutes. I further certify that the information furnished on this form is true and correct to the best of my knowledge and belief, and that the signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation of the name of the corporation to which this report is required by Chapter 610, Florida Statutes, and that my name appears on Block 5 of this report. I understand the legal effect of my appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95 (813) 933-6655