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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000041492 (7)**

1. Corporation Name
AFFORDABLE MORTGAGE FINANCING CORPORATION

Principal Place of Business	Mailing Address
311 GRANELLO AVENUE CORAL GABLES FL 33146	311 GRANELLO AVENUE CORAL GABLES FL 33146

3. Date Incorporated or Qualified: 06/03/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 330 Greco Avenue
22 Suite, Apt. #, etc.: #109
23 City & State: Coral Gables FL
24 Zip: 33146
25 Country: USA

2a. Mailing Address
26: 360 Greco Avenue
27 Suite, Apt. #, etc: #109
28 City & State: Coral Gables FL
29 Zip: 33146
30 Country: USA

4. FEI Number: 65-0491285 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HERNANDEZ, JORGE E ESQ.
311 GRANELLO AVENUE
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	11 TITLE		☐ Change ☒ Addition
NAME	HERNANDEZ, JORGE E		12 NAME		
STREET ADDRESS	311 GRANELLO AVENUE		13 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33146		14 CITY-ST-ZIP		
TITLE	D	☐ DELETE	21 TITLE		☐ Change ☒ Addition
NAME	RIVERO, CARLOS M		22 NAME		
STREET ADDRESS	13711 S.W. 71 LANE		23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33183		24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE	Dir./President/Secretary	☐ Change ☒ Addition
NAME			32 NAME	Rafaela Rivero	
STREET ADDRESS			33 STREET ADDRESS	13711 SW 71 Lane	
CITY-ST-ZIP			34 CITY-ST-ZIP	Miami, FL 33183	
TITLE		☐ DELETE	41 TITLE	Treasurer	☐ Change ☒ Addition
NAME			42 NAME	Marycel Hernandez	
STREET ADDRESS			43 STREET ADDRESS	13711 SW 71 Lane	
CITY-ST-ZIP			44 CITY-ST-ZIP	Miami, FL 33183	
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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***225.00

06-21-96 OR

CR2E034 (3/96)

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marycel Hernandez MARYCEL HERNANDEZ 6/10/96 446-7789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #