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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

| | 1996 | DIVISION OF | CORPOR | ATIC |)NS | | | | |
|---------------------------------|--|----------------------------------|-------------|----------------|-----------------------|--|-------------------------|-----------------|---|
| Corporation | Name | 00058037 (0 |)) | | | | | | |
| VIZCA | YA MORTGAGE CORP. | | | | | b i duei and dea an i de anne à acte an | li Baile Baiai ailai ia | 111 6316 | (8 STHE HARE CARE |
| | | | | | | | | | |
| Principal Place | of Business | Mailing Address | | | | E EBBEIDER ING EBEIN GIRRI BURN BURN | 11 DE!II OPIOI OHEN 19 | iii Buid | 10 (1)(1) (4 0 0) (4 0 0) |
| 2562 INAGUA AVE 2582 INAGUA AVE | | | | | | | | | |
| MIAMI FL 33 | 1133 | MIAMI FL 33133 | | | | | | | |
| | | | | | | 3. Date Incorporated or Qualified 08/05/1994 | 3a. Date of La | | P - |
| 2. Principal Pla | ace of Business | 2a. Mailino Address | | | | 4. FEI Number | 04/20 | | opplied For |
| 21 | | 26 | | | 65-0514675 | | | lot Applicable | |
| Suite, Apt. # | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | 1 1 | | Additional |
| City & State | | City & State | | | | C. Flasting Convenies Emperies | | | Required |
| 23 | | 28 | | | | Election Campaign Financing Trust Fund Contribution | | | May Be I to Fees |
| Zip | Country | Zip | Coi | untry | | 8. This corporation has liability for | intangible tax und | | |
| 24 | 25 | 29 | 30 | | | | □No | | |
| | 9. Name and Address of Curre | ent Registered Agent | | 81 | Name | 10. Name and Address of New F | legistered Agen | <u></u> | · ···································· |
| .IFANTY | , rodney | | | | | /DO D | | | |
| 2562 INAGUA AVE | | | | 82 | Street Addr | ress (P.O. Box Number is Not Acceptat | ж) | | |
| MIAMI F | FL 33133 | | | 83 | | | | | |
| | | | | 84 | City | | 85 | Zip | Code |
| 41 Discussed t | a the proviolence of Captions CO7 OFF | 22 and 607 1509. Florida Ctatul | loo the sh | | Lamad carea | ration automite this statement for the sur | PL | 1 | colotored office |
| or register | ed agent, or both, in the State of Flo | rida. Such change was authoriz | zed by the | corp | oration's boar | ration submits this statement for the purific of directors. Thereby accept the app | ointment as regis | tered | agent. I am |
| SIGNATURE | n, and accept the doligations of, Sec | Short 607,0000, Fiolida Statutes | 5. | | | | | | |
| | Signature, typed or printed name of registered age | | | d Ager | it signature requirer | d when reinstating) | DA"E | | |
| 12. | OFFICERS AI | ND DIRECTORS | 13. 1.11 | TITI C | | ADDITIONS/CHANGES TO OFF | ICERS AND DIRI | | RS IN 12 |
| NAME | JEANTY, RODNEY | | | IAME | | | | myc | ☐ Magniton |
| STREET ADDRESS | 2562 INAGUA AVE | | | | ADDRESS | | | | |
| CITY-ST-ZIP | MIAMI FL 33133 | | 1,4 0 | HTY-S | ST - ZIP | | | | |
| TITLE | VSD | ☐ DELETE | 2 1 | TITLE | | | ☐ Ch | ange | ☐ Addition |
| NAME | ST FORT, RACHEL | | 2.2 N | | | | | | |
| STREET ADDRESS | 2562 INAGUA AVE MIAMI FL 33133 | | 1 | | ADDRESS | | | | |
| CITY-ST-ZIP | MIAMI FL 33133 | DELETE | 3.1 | | ST - ZIP | | Ch | ange | ☐ Addition |
| NAME | | • | 3.2 N | | | | | • | _ |
| STREET ADDRESS | | | 3.3. | STREET | 1 Address | | | | |
| CITY - ST - ZIP | | | 3.4 0 | HTY-S | ST - ZIP | | | | |
| TITLE | • | ☐ DELETE | | TITLE | 1 | | ☐ Ch | ange | Addition Addition |
| NAME | | | | AME | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | ADDRESS ST-ZIP | | | | |
| TITLE | | DELETE | | TITLE | 1-10 | | □ Ch | ange | Addition |
| NAME | | | 52 N | IAME | | | | | |
| STREET ADDRESS | | | 538 | STHEET | ADDRESS | | | | |
| CITY-ST-ZIP | | P3 on ere | | | ST - ZIP | · · · · · · · · · · · · · · · · · · · | | | - Marrie |
| TITLE | | DELETE | | TITLE | | | □ Ch | ange | ☐ Addition |
| NAME STREET ADDRESS | | | | IAME STREET | ADDRESS | | | | |
| STREET ADDRESS | i e | | 0.30 | / INCL ! | HOUNEGO | | | | |

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

SIGNATURE:

THEO OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-96 305-670-3443