

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

FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000059262 (3)

1. Corporation Name

TRUST U.S.A. MORTGAGE CORP.



Principal Place of Business

Mailing Address

1515-4 NW 167TH ST  
SUITE 429  
MIAMI FL 33169

1515-4 NW 167TH ST  
SUITE 429  
MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1994

4. FEI Number

65-0512155

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1550 NE MIAMI GARDENS DR

26 1550 NE MIAMI GARDENS DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 500

27 500

City & State

City & State

23 N. MIAMI BEACH, FL

28 N. MIAMI BEACH, FL

Zip

Zip

24 33179

29 33179

Country

Country

25 DADE

30 DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIDSON, RON  
1515-4 NW 167TH ST  
SUITE 429  
MIAMI FL 33169

81 Name DAVIDSON, RON

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

1550 NE MIAMI GARDENS DR #500

83 N. MIAMI BEACH

84 City

FL

85 Zip Code

33179

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 of registered agent or authorized officer (if applicable)

(NOTE: Registered Agent signature required when reappointing)

4/27/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PS  
NAME DAVIDSON, RON  
STREET ADDRESS 1515-4 NW 167TH ST SUITE 429  
CITY-ST-ZIP MIAMI FL 33169

1.1 TITLE PS  
1.2 NAME DAVIDSON, RON  
1.3 STREET ADDRESS 1550 NE MIAMI GARDENS DR. #500  
1.4 CITY-ST-ZIP N-MIAMI BEACH, FL 33179

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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.

SIGNATURE

Signature of registered agent or authorized officer (if applicable)

4/27/98

RON DAVIDSON

CR2E034 (10/97)