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

CORPORATION
ANNUAL REPORT
**1995**

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

APPROVED
AND
FILED

95 APR -5 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

**DOCUMENT # P94000065633 (7)**

1. Corporation Name
**J & L MORTGAGE CORPORATION**

Principal Place of Business
10 N.W. 2ND STREET
MIAMI FL 33128

Mailing Address
10 N.W. 2ND STREET
MIAMI FL 33128

3. Date Incorporated or Qualified: 09/07/1994
3a. Date of Last Report:

2. Principal Place of Business
21 7 N.W. 2nd Street
Suite, Apt. #, etc.
22 Suite 205
City & State
23 Miami, Florida
Zip
24 33128
Country
25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 65-0519881 ☐ 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**

GORFINKEL, NESTOR B
7 N.W. 2ND STREET, # 203
MIAMI FL 33128

**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 signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE President/Direcotr ☐ Change XX Addition
1.2 NAME Leon Gorfinkel
1.3 STREET ADDRESS 10 N.W. 2nd Street
1.4 CITY-ST-ZIP Miami, Fla. 33128

2.1 TITLE Vice President/Director ☐ Change XX Addition
2.2 NAME Jose Sapoznik
2.3 STREET ADDRESS 10 N.W. 2nd Street
2.4 CITY-ST-ZIP Miami, Fla. 33128

3.1 TITLE Secretary/Director ☐ Change XX Addition
3.2 NAME Julius Gorfinkel
3.3 STREET ADDRESS 10 N.W. 2nd Street
3.4 CITY-ST-ZIP Miami, Fla. 33128

4.1 TITLE Treasurer/Director ☐ Change XX Addition
4.2 NAME Lazaro Sapoznik
4.3 STREET ADDRESS 10 N.W. 2nd Street
4.4 CITY-ST-ZIP Miami, Fla. 33128

5.1 TITLE Director ☐ Change XX Addition
5.2 NAME Clara Sapoznik
5.3 STREET ADDRESS 10 N.W. 2nd Street
5.4 CITY-ST-ZIP ~~Miami, Fla. 33128~~

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

4-5-95 MB

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:** X L. Gorfinkel (305) 371-3209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
LEON GORFINKEL, President

[illegible] CP