

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000067876 (0)

1. Corporation Name

NATIONAL MORTGAGE FINANCE CO.



Principal Place of Business

9500 S. DADELAND BLVD  
SUITE 608  
MIAMI FL 33156

Mailing Address

9500 S. DADELAND BLVD  
SUITE 608  
MIAMI FL 33156

3. Date Incorporated or Qualified

09/12/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0572071

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

25

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NARULA, MARY S

6600 N. KENDALL DRIVE

MIAMI FL 33156

6700 SW 128 ST.

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 third party, if applicable.

NOTE: Registered Agent Signature required when making a change.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PS  
NAME NARCELA, MARY S.  
STREET ADDRESS 6700 S.W. 128 ST.  
CITY-STATE-ZIP MIAMI FL

☐ DELETE

1. TITLE  
2. NAME NARULA, MARY S.  
3. STREET ADDRESS 6700 SW 128 ST.  
4. CITY-STATE-ZIP MIAMI, FL 33156

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

2. TITLE  
22 NAME  
23 STREET ADDRESS

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

24 CITY-STATE-ZIP  
3. TITLE  
32 NAME  
33 STREET ADDRESS

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

34 CITY-STATE-ZIP  
4. TITLE  
42 NAME  
43 STREET ADDRESS

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

44 CITY-STATE-ZIP  
5. TITLE  
52 NAME  
53 STREET ADDRESS

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

54 CITY-STATE-ZIP  
6. TITLE  
62 NAME  
63 STREET ADDRESS

☐ Change ☐ Addition

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 or person 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: Mary S. Narula MARY S. NARULA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-96 (305) 670-3443

Date Day Month Year

CE034 (12/95)