CORPORATION ANNUAL REPORT 1997

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 21 1997 8:00am
Secretary of State

DOCUMENT # P94000077684 (6)

1. Corporation Name

AMERICAN PRIME MORTGAGE GROUP, INC.

Principal Place of Business	Mailing Address
5805 BLUE LAGOON DRIVE STE. 480 MIAMI FL 33126	5805 BLUE LAGOON DRIVE STE. 480 MIAMI FL 33126

3. Date Incorporated or Qualified: 10/21/1994

3a. Date of Last Report:

2. Principal Place of Business (21):

2a. Mailing Address (26):

Suite, Apt. #, etc. (22):

Suite, Apt. #, etc. (27):

City & State (23):

City & State (28):

Zip (24): Country (25):

Zip (29): Country (30):

4. FEI Number: 65-0528085 ☐ Applied For ☐ Not Applica

5. Certificate of Status Desired ☐ $8.75 Additiona 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

GALIANA, MARGARITA
5805 BLUE LAGOON DRIVE
STE. 480
MIAMI FL 33126

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 registere 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GALIANA, MARGARITA 5805 BLUE LAGOON DRIVE MIAMI FL 33126	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOPEZ, JORGE 5805 BLUE LAGOON DRIVE MIAMI FL 33126	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROIZ, VIVIAN 5805 BLUE LAGOON DRIVE MIAMI FL 33126	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Add

PW 5-21-97

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14. I do hereby certify that the inform[illegible]n 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 inform[illegible] dicated on this [illegible]nnual report or s[illegible]ental annual report is true and accurate and that my signature shall have the same legal effect as made under oath; that I am [illegible] or director [illegible] a corpora[illegible]r t[illegible]ver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; a that my name appears in Blo[illegible] Block 13 if ch[illegible]ed, or ot[illegible]d with an address.

SIGNATURE: _____ Secretary 5/15/97

SIGNATURE AND TYPED OR PRINTED NAME OF [illegible] OFFICER OR DIRECTOR Date