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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #**1. Corporation Name P94000077684 (6) AMERICAN PRIME MORTGAGE GROUP, INC.

Principal Place of Business Mailing Address

5806 BLUE LAGOON DRIVE

5805 BLUE LAGOON DRIVE

## **FILED** Apr 29 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE MIAMI FL 33126 MIAMI FL 33126 3. Date Incorporated or Qualified 10/21/1994 2. Principal Place of Business 2a. Mailing Address Applied For 65-0528085 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 29 30 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GALIANA, MARGARITA 5805 BLUE LAGOON DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) STE. 480 83 **MIAM! FL 33128** City Zip Code

SIGNATURE S	Signature, typed or printed manurol registered agent and little if applicable.	(NOTE	Registered Agent signature requir	red when re-instating)	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTO	DRS IN 12
TITLE	D	DELETE	1.1 TITLE		Change	Additio
NAME	galiana, margarita		1.2 NAME			
STREET ADDRESS	5805 BLUE LAGOON DRIVE		13 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33126		1.4 CiTY-ST-ZIP			
TITLE	D	DELETE	2.1 TIFLE		Change	Addition
NAME	LOPEZ, JORGE		2.2 NAME			
STREET ADDRESS	5805 BLUE LAGOON DRIVE		2.3 STREET ADDRESS		•	
CITY-ST-ZIP	MIAMI FL 33126		2. 4 CITY - ST - ZIP			
TITLE	D	DELETE	3.1 TITLE		Change	Additio
NAME	ROIZ, VIVIAN		32 NAME			
STREET ADDRESS	5805 BLUE LAGOON DRIVE		3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33126		3.4. CITY - ST - ZIP			
TITLE		DELETE	4.1 TITLE		☐ Change	Additio
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			44 CITY - ST - ZIP			
TITLE		DELETE	5 1 TITLE		Change	Additio
NAME			52 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-7IP			5 4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change	Additio
NAME		_	6.2 NAME			
STREET ADORESS			6.3 STREET ADDRESS			
ATTECH PROVINCES	_		U.S. STILL FRANCISCO			

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 a stee ampowered 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 or purpose an address.

**SIGNATURE:** 

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