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Feb 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000088012 (7)

1. Corporation Name
INFINITY MORTGAGE GROUP, INC.



Principal Place of Business

2875 NE 191 ST
STE 800
AVENTURA FL 33180
US

Mailing Address

2875 NE 191 ST
STE 800
AVENTURA FL 33180-2803
US

3. Date Incorporated or Qualified
12/05/1994
3a. Date of Last Report
03/26/1996

2. Principal Place of Business

21 16135 BISCAYNE BLVD
Suite, Apt. #, etc.

2a. Mailing Address

26 16135 BISCAYNE BLVD
Suite, Apt. #, etc.

4. FEI Number
65-0540409
Applied For
Not Applicable

22 City & State
N. MIAMI
FL

27 City & State
N. MIAMI
FL

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

23 Zip
33160
Country
USA

28 Zip
33160
Country
USA

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

PORDES, MELISSA
2875 NE 191 ST
STE 800
AVENTURA FL 33180

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, I have 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	1.1 LE	1.2 ME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	2.1 LE	2.2 ME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	3.1 LE	3.2 ME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	4.1 LE	4.2 ME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	5.1 LE	5.2 ME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	6.1 LE	6.2 ME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
	DPST																										
	PORDES, MELISSA	2875 NE 191 ST #800	AVENTURA FL																								

14. I do 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 registered 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, change text, or on an attachment with an address.

SIGNATURE: Melissa Pordes DATE: 2/11/97 DAYTIME PHONE: 948-0648

CR2E034 (9/96)