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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P9500000990 (8)

AMERICAN DREAM MORTGAGE CORP.

Principal Place of Business

Mailing Address



10855 S.W. 112TH AVENUE, #105 MIAMI FL 33176 83 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation registered agent, or both, in the State of Florida Such change was authorized by the corporation's board familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE Stynator, typed or ported national registered agent and the interpretable (NOTE Registered Agent's justice registered.)	5. Certificate of Status Desired S8.75 Add 5. Certificate of Status Desired Fee Requ 6. Election Campaign Financing Trust Fund Contribution Added to Fee Requ 8. This corporation has liability for intangible tax under s 199. Floridal Statutes Yes No 10. Name and Address of New Registered Agent SS (P.O. Box Number is Not Acceptable) FL 85 Zip Cox	led For Applicable ditional uired lay Be Fees
Suite. Apt. #, etc. Suite. Apt. #, etc. City & State City & State City & State Name Country 9. Name and Address of Current Registered Agent 81 Name COLLEDGE, JON A 10855 S.W. 112TH AVENUE, #105 MIAMI FL 33176 82 Street Address R4 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board familiar with, and accept the obligations of, Section 607.0506, Florida Statutes SIGNATURE Signature, typed or portled nation of registered agent, and the integrabilities. SIGNATURE Signature, typed or portled nation of registered agent, and the integrabilities. NOCE Engalance Agent's particle registered agent, and the integrabilities. NOCE Engalance Agent's particle registered agent, and the integrabilities.	5. Certificate of Status Desired \$8.75 Add 5. Certificate of Status Desired \$8.75 Add 6. Election Campaign Financing Trust Fund Contribution \$5.00 Ma Added to F 8. This corporation has liability for intangible tax under s 199. Florida Statutes Yes No 10. Name and Address of New Registered Agent SS (P.O. Box Number is Not Acceptable) FL 85 Zip Cox	Applicable ditional uired lay Be Fees
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Signature, typed or parted native of registered agent and the diapphilative — (NECLE Faggle and Agent's gratine ruly and s	ion submits this statement for the purpose of changing its regist of directors. I hereby accept the appointment as registered ager	tered offic int. I am
	over reastery DATE	
12. OFFICERS AND DIRECTORS 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II	IN 12
TITLE D DELETE 1.1704.E	☐ Change ☐	Addition
NAME COLLEDGE, JON A 12 NAME		
STREET ADDRESS 10855 S.W. 112TH AVENUE, #105		
CITY-ST-ZIP MIAMI FL 33176 1.4 CITY-ST-ZIP		
TOTLE DELETE 2.1 TOTLE	Change	Addition
NAME 22 NAME		
STREET ADDRESS 2.3 STREET ADDRESS		
CITY - ST - ZIP 24 C-1Y - ST - ZiP		
TITLE DELETE 3.1TILE	☐ Chánge ☐	Addition
NAME 3.2 NAME		
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CITY - ST - ZIP 34 CITY - ST - ZIP		
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NAME 4.2 NAME	200001799572°°° -04/29/9601089042	
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CITY-ST-ZIP 4.4 CITY ST-ZIP		
TILLE DELETE 5.1 TILLE	Change	Addition
NAME 5.2 NAME		
STREET ADDRESS 5.3 STREET ADDRESS		
CITY-ST-ZIP 54 CITY-ST-ZIP		
TITLE DELETE 6 1 TITLE	Change C	Addition
NAME 62 NAME		
STREET ADDRESS 63 STREET ADDRESS		
CHY-ST-ZIP 64 CHY ST-ZIP		

14. I do hereby certify that the information supplied with this fring is voluntarily turnished and does not qualify for the exemption stated in section 119 of (b)(k). Florida Statutes. Flurther certify that the information indicated on this annual region 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 composition or the processor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Bigok 13 if chapted on an artists of the processor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Bigok 13 if chapted on an artists of the processor.

SIGNATURE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/15/96 305 466648 56-11-29-96