SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1996 DIVISION OF CORPORATIONS P95000007749 (1) DOCUMENT # ALL AMERICAN MORTGAGE OF SOUTH FLORIDA CORP. Principal Place of Business Mailing Address 13193 S.W. 9TH TERRACE 13193 S.W. 9TH TERRACE MIAM! FL 33184 MIAMI FL 33184 3. Date Incorporated or Qualified 3a. Date of Last Report 01/30/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-056 1185 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 П 28 Trust Fund Contribution Added to Fees Zip Ζıp Country 8. This corporation has liability for intangible tax under s 199 032.

Florida Statutes Yes Y No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name YANES, JOSE R 13193 S.W. 9TH TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33184 83 84 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature: Type dior pentest name of registered agent and the if applicable (No.) It. Rigistered Agent's gnature regured when reinstating). DARE 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)TITLE **PVST** DELETE 1 1 TITLE yanes, Jose R NAME 1.2 NAME CR2E034 13193 SW. 9TH TERRACE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33184** CITY - ST - ZIP 1.4 C:TY - ST - 7/P TITLE DELETE 2:1/14 Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET AUDRESS CITY - ST - ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3 1 117LE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4 1 TIFLE Change Add NAME 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY - ST - ZIP 4 4 CITY - ST - ZIP TITLE DELETE 5 f TirLE Change [ NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 COLY - ST - ZIP TITLE \_\_\_ DELETE 6 1 TITLE Change Add NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 C/TY - ST. 7/P 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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTO

6/7/96 305-667-3003