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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthan

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000012919 (3)

**EAGLE MORTGAGE CORPORATION** 

FILED
May 06 1998 8:00am
Secretary of State



Principal	Place of Business	Mailing Address			
		_			
	ST 49TH STREET	BO1 WEST 49TH STREET SUITE 110			
SUITE 110 HALEAH FL 33012  2. Principal Place of Business 21 Suite, Apt. #, etc.		HALEAH FL 33012		DO NOT WRITE IN THIS SPACE	
		VW-020-11-12-12-12-12-12-12-12-12-12-12-12-12-		3. Date Incorporated or Qualified	
				02/15/1995	
2. Princi	pal Place of Business	2a. Mailing Address		4. FEI Number Applied For	
21		26		65-0555625 Not Applicable	
	Apt. #, etc.	Suite, Apt. #, etc.		- \$9.75 Additional	
22		27		Certificate of Status Desired     Fee Required	
	State	City & State		Election Campaign Financing \$5.00 May Be	
23		28		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24	25		30	Personal Property Tax due June 30. Yes No	
	g, Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent	
	GUTIERREZ, RICHARD J		81 Name		
	1129 W. 51ST PLACE		82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
	HIALEAH FL 33012			and the second s	
			83		
			84 City		
			84 City	FI 85 Zip Code	
<b>11.</b> Purs	uant to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the above-named corp	poration submits this statement for the purpose of changing its registered	
Office	e or registered agent, or both, in the State at. I am familiar with, and accept the oblig	e of Florida. Such change was au	thorized by the corpora	ation's board of directors. I hereby accept the appointment as registered	
SIGNATU	•	j	iod Didioido.		
SIGNATU	Signature, typed or printed name of registimed ac	perit and title if applicable (NOTE	Registered Agent signature requ	yred when reinstating) DATE	
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELFTE	1.1 TITLE	Change Addition	
NAME	GUTIERREZ, RICHARD J		1.2 NAME		
STREET ADD			1.3 STREET ADDRESS		
CITY-ST-ZW	HIALEAH FL 33012		1.4 CITY-ST-ZIP		
TITLE	D	DELETE	21 TITLE	Change Addition	
NAME	GUTIERREZ, RICARDO A		2.2 NAME		
STREET ADD			2.3 STREET ADDRESS		
CITY-ST-ZIF	1900 5011 50 00040		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	Change Addition	
NAME		<b>—</b>	3.2 NAME	La compa	
STREET ADD	2236		3.3 STREET ADDRESS		
CITY-ST-ZH					
TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Change Addition	
NAME		_ occir	4.1 RILE 4.2 NAME	L. Charge L. Addition	
STREET ADD			4.3 STREET ADDRESS		
CITY-ST-ZI	•	Beleve	4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE	Change Addition	
NAME			5.2 NAME		
STREET ADD	RESS		5.3 STREET ADDRESS		
CITY-ST-ZIF			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	Change Addition	
NAME			6.2 NAME		
STREET ADD	RESS		6 3 STREET ADDRESS		
CITY-ST-ZIF	,		6.4 CITY-ST-ZIP		

14. Thereby 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 of supplied iontal angual 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 cooperation or the receiver 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 if chapter, or a made and the same legal effect as if made under oath; that I am an officer or director of the cooperation or the receiver 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 if chapter 607.

CIGNATURE.

Dopped T. Ludienez

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(205) 8860-1888