

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
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000023310 (2)

1. Corporation Name

S.U.M. MORTGAGE, INC.

Principal Place of Business

Mailing Address

8900 SW 107TH AVE. 301
MIAMI FL 33176-1451

8900 SW 107TH AVE. 301
MIAMI FL 33176-1451



3. Date Incorporated or Qualified

3a. Date of Last Report

03/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

HECHTMAN, BARRY I
8900 SW 107TH AVE, 301
MIAMI FL 33176-1451

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of principal place of business of registered agent and file if applicable

(If Off: Registered Agent's signature required when re-issuing)

Date

12. OFFICERS AND DIRECTORS

TITLE DP
NAME HECHTMAN, BARRY I
STREET ADDRESS % 8900 SW 107TH AVE, 301
CITY-ST-ZIP MIAMI FL 33176-1451

DELETE

TITLE DV
NAME HECHTMAN, KEITH
STREET ADDRESS % 8900 SW 107TH AVE, 301
CITY-ST-ZIP MIAMI FL 33176-1451

DELETE

TITLE DT
NAME ZVIJAC, JOHN
STREET ADDRESS % 8900 SW 107TH AVE, 301
CITY-ST-ZIP MIAMI FL 33176-1451

DELETE

TITLE DS
NAME URIBE, JOHN
STREET ADDRESS % 8900 SW 107TH AVE, 301
CITY-ST-ZIP MIAMI FL 33176-1451

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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 OR DIRECTOR

6/12/96 305 270-0014

CR2E034 (3/96)