FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000025998 (2)**

1. Corporation Name
PRESTAR MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
10590 SW 42ND COURT DAVIE FL 33328	10590 SW 42ND COURT DAVIE FL 33328

3. Date Incorporated or Qualified: 03/30/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 701 N. STATE RD 7
22: Suite, Apt. #, etc.:
23: City & State: HOLLYWOOD, FL
24: Zip: 33021
25: Country: BROWARD

2a. Mailing Address
26:
27: Suite, Apt. #, etc.:
28: City & State:
29: Zip:
30: Country:

4. FEI Number: 65-0569101 ☐ Applied For ☐ Not Applicable

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

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

CLARK, ANGELA M
10590 SW 42ND COURT
DAVIE FL 33328

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, 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: A. Angela Clark
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	CLARK, IDALBERTO M		1.2 NAME	CLARK, IDALBERTO	
STREET ADDRESS	10590 SW 42ND COURT		1.3 STREET ADDRESS	10590 SW 42nd CT	
CITY-ST-ZIP	DAVIE FL 33328		1.4 CITY-ST-ZIP	DAVIE, FL 33328	
TITLE	ST	☐ DELETE	2.1 TITLE	ST	☒ Change ☐ Addition
NAME	CLARK, LUIS A		2.2 NAME	CLARK, LUIS A.	
STREET ADDRESS	10590 SW 42ND COURT		2.3 STREET ADDRESS	319 N. 46TH AVE	
CITY-ST-ZIP	DAVIE FL 33328		2.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021-6605	
TITLE	VICE PRESIDENT	☐ DELETE	3.1 TITLE	→	☐ Change ☒ Addition
NAME	PATRICIA TRAUTH		3.2 NAME		
STREET ADDRESS	3300 W. ROLLING HILLS CIRCLE #306		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33328		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME			4.2 NAME	RAFAEL J. VAZQUEZ	
STREET ADDRESS			4.3 STREET ADDRESS	7912 NW 72nd AVE.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: IDalbertoClark IDALBERTO CLARK 3/20/96 (954) 967-6767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #