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 P95000029483 (1) **DOCUMENT #** FIRST SERVICE MORTGAGE CORPORATION Principal Place of Business Mailing Address 1225 S.W. 87TH AVENUE 1225 S.W. 87TH AVENUE MIAMI FL 33174 MIAMI FL 33174 3a. Date of Last Report 3. Date Incorporated or Qualified 04/14/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-057 Not Applicable 21 26 Suite. Apt #, etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Added to Fees Trust Fund Contribution  $Z_{10}$ Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 29 30 Florida Statutes Yes No 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Namo FAMADA, MARIO 1225 S.W. 87TH AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33174** 83 84 Zip Code City 85 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 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 type disciplinative of opposited agent and blood applicable (NOTE: Bagistered Agent signature required when reinstalling): OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)12. Change Addition D DELETE TITLE 11116 FAMADA, MARIO 1.2 NAME NAME CR2E034 1225 S.W. 87TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33174** 1.4 CITY ST ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP DELETE 31 TITLE Change Addition TITLE NAME 3 2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 4.1 TiTLE Change Addition TITLE 4 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4 4 CI TY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 513016 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 700001916597 CITY-ST-ZIP 54 City - ST-ZIP -08/08/96--01054--013Change Addition DELETE 6 1 TITLE TITLE \*\*\*225. nn NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY - ST. ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily formshed and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 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 have no infection of the corporation for 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 or an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED CONTRIBUTED NAME OF SIGNING OFFICER OR DIRECTOR

a/18/96

Gos) 477-0884