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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000040592 (4)

PRINCIPAL MORTGAGE CORP.

FILED Feb 10 1997 8:00am Secretary of State

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Principal Place of Business		Mailing Address	Mailing Address		1 18801089 110 (010) 01014 00111 80111 96111 96111 91610 00101 01118 10110 1101 4001	
8500 W FLAGLER STREET		8500 W FLAGLER	8500 W FLAGLER STREET			
BUITE 103-A		SUITE 103-A	SUITE 103-A			
MIAMI FL 9314	4	MIAMI FL 33144-20	64			
					3. Date Incorporated or Qualified 05/23/1995	3a. Date of Last Report 03/19/1996
	lace of Business	2a, Mailing Addre	SS		4. FEI Number	Applied For
21		26	26		65-058 1930	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			6. Certificate of Status Desired	Fee Required
l City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Co	untry	8. This corporation has liability for	_ ` —
24	25	[29]	30			Yes No
	g, Name and Address of C	Current Registered Agent		041 11	10. Name and Address of New Re	gistered Agent
	ENER, ANGEL R			81 Name		
8359 S.W. 5 STREET				82 Street A	Address (P.O. Box Number is Not Acceptat	ole)
MIAN	MI FL 33144				· · · · · · · · · · · · · · · · · · ·	
				83		
				84 City		85 Zip Code
						FL
11. Pursuant	to the provisions of Sections 60	7.0502 and 607.1508, Florid	a Statutes, the a	above-named	corporation submits this statement for the poration's board of directors. Thereby acce	ourpose of changing its registered
oπice or r agent. La	egistered agent, opports, in the im familiar with, and accept the	obligations of Section 607.0	je was authorize 505, Florida Sta	ea by the corp stutes.	oration's board of directors. I hereby acce	pt the appointment as registered
SIGNATURE	-A- N //	- A-111	24-			1/8/97
SIGNATURE	Signature, typed or printed name of register	od agent and tice if applicable			required when reinstating)	DATE
12.	OFFICER	RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	
TITLE .	PSTD	☐ DEL	ETE , 1.11	TITLE		☐ Change ☐ Addition
NAME	WAGNER, ANGEL R		1.21	NAME		į:
STREET ADDRESS	8359 S.W. 5 STREET		1.3 \$	STREET ADDRESS		i i
CITY-ST-ZIP	MIAMI FL 33144			CHTY-ST-ZIP		
TITLE		☐ D£L	ETE 211	TITLE		☐ Change ☐ Addition ☐
NAME			2.21	NAME		
STREET ADDRESS			235	STREET ADDRESS		* • • · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP			2 4	CITY-ST-ZIP		~~
YITLE		DEL	ETE 311	IITLE		Change Addition
NAME			321	NAME		i
STREET ADDRESS			335	STREET ADDRESS		1
CITY-ST-ZIP	<u>-</u>		34.	CITY-ST-ZIP		
TITLE		D£L	ETE . 4.11	TITLE		Change Addition
NAME	\$ 1		4.2	NAME	•	ŀ
STREET ADDRESS			4.3 9	STREET ADDRESS		ŀ
CITY-ST-ZIP				CITY-ST-ZIP		Į.
TITLE		☐ D£L				Change Addition
NAME			5.21	NAME		
STREET ADDRESS				STREET ADDRESS		į
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE		DEL				Change Addition
NAME				IAME		
STREET ADORESS				STREET ADDRESS		į
CITY-ST-ZIP				DITY-ST-ZIP		ļ
UI (170)1421F	L		0.9 (2011-01-28		

14. I do hereby 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 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 shanged for on an attachment with an address.

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