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

PROFIT .
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

P95000044505 (2)

	CHOICE MORTGAGE, INC	Mailing Address		· · · · · · · · · · · · · · · · · · ·		
5040 NW 7		5040 NW 7 STREET				
SUITE 444 (0/0) SUITE 444 (0/0) MIAMI FL 33126 MIAMI FL 33126					DO NOT WRITE IN THIS	SPACE
minmi 15 V		WHAT IT SOLES			3. Date incorporated or Qualified 06/08/1995	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21	# ab-	26			65-0585905	Not Applicat
Suite, Apt.	#, Q IC.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State		 -	6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zıp	Count	try	8. This corporation owes or has paid the cur	rrent year Intangible
24	25		30		1	Yes No
	9, Name and Address of Curren	t Registered Agent		Name	10. Name and Address of New Registered	Agent
PEREZ, ANTONIO J						
5040 NW 7TH STREET SUITE 414				Street A	ddress (P.O. Box Number is Not Acceptable)	•
MIAMI FL 33166				3		
	WWW 7 E 30 700		<u> </u>	4 6		16-1 7:- 0-3:
			i	City	FL	85 Zip Code
office or ragent. I a	egistered agent or holh, in the State in familiar with and accept the obliga Signature, typed or profed name or informed agree	ot and tribble applicable (NOTE			corporation submits this statement for the purpose of oration's board of directors. I hereby accept the appropriate of the statement of the purpose of oration's board of directors. I hereby accept the appropriate of the purpose of	-48
TITLE	D	☐ DELET E	1.1 1111.0	- T		☐ Change ☐ Addition
NAME	PEREZ, ANTONIO J		1.2 NAM	E		
STREET ADDRESS	5040 NW 7TH STREET #414	4	1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY	-ST-ZIP		
TITLE		DELETE	2.1 TITLE	, j		☐ Change ☐ Addition
NAME			2.2 NAM			
STREET ADDRESS				EF ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 CHY 3.1 TITLE	Y-ST-ZIP		Change Addition
NAME			3.2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			3.4. CITY	-ST-ZIP		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAM	IE .		
STREET ADDRESS			4.3 STRE	ET ADDRESS	· ·	
CITY-ST-ZIP		Florest	4.4 CITY			Change Addition
TITLE		DELETE	5.1 T(TLE 5.2 NAM)	1		Change Addition
NAME STREET ADDRESS				ET ADDRESS		
CITY OT JUD				- ST. 7ID		

CITY-ST-ZIP

14. I 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 changed, or on an attachmen) with an address.

6.2 NAME

6.3 STREET ADDRESS

DELETE

SIGNATURE:

NAME

STREET ADDRESS

3-14-98

FILED

Mar 20 1998 8:00am

Secretary of State

565-9211

Addition

Change