

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

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Apr 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000055826 (8)

1. Corporation Name
UNION ONE MORTGAGE CORPORATION

Principal Place of Business
12314 N.W. 11TH LANE
MIAMI FL 33182

Mailing Address
10250 SW 56TH STREET
A-102
MIAMI FL 33165-7064



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/19/1995		3a. Date of Last Report 04/26/1996	
21. 10250 S.W. 56 STREET		26. Suite, Apt. #, etc.		4. FEI Number 65-0595778		Applied For Not Applicable	
22. A-102		27. Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required	
23. MIAMI, FL		28. City & State		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24. 33165		29. Zip		Country		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes	
25.		30.		Country		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NONES, RAFAEL L 7171 CORAL WAY #317 MIAMI FL 33155				81. Name			
Address Change →				82. Street Address (P.O. Box Number is Not Acceptable)			
				Suite 201			
				1985 N.W. 88 COURT			
84. City				85. Zip Code			
MIAMI				FL 33172			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE <input type="checkbox"/>	1.1 TITLE	P/D	Change <input checked="" type="checkbox"/>	Addition <input type="checkbox"/>	
NAME	MIJARES, OVIDIO		1.2 NAME				
STREET ADDRESS	4200 S.W. 149TH COURT		1.3 STREET ADDRESS				
CITY - ST - ZIP	MIAMI FL 33185		1.4 CITY - ST - ZIP				
TITLE		DELETE <input type="checkbox"/>	2.1 TITLE	S	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>	
NAME			2.2 NAME	MIJARES, OVIDIO SR.			
STREET ADDRESS			2.3 STREET ADDRESS	10880 SW 60 STREET			
CITY - ST - ZIP			2.4 CITY - ST - ZIP	MIAMI, FL 33173			
TITLE		DELETE <input type="checkbox"/>	3.1 TITLE		Change <input type="checkbox"/>	Addition <input type="checkbox"/>	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY - ST - ZIP			3.4 CITY - ST - ZIP				
TITLE		DELETE <input type="checkbox"/>	4.1 TITLE		Change <input type="checkbox"/>	Addition <input type="checkbox"/>	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY - ST - ZIP			4.4 CITY - ST - ZIP				
TITLE		DELETE <input type="checkbox"/>	5.1 TITLE		Change <input type="checkbox"/>	Addition <input type="checkbox"/>	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY - ST - ZIP			5.4 CITY - ST - ZIP				
TITLE		DELETE <input type="checkbox"/>	6.1 TITLE		Change <input type="checkbox"/>	Addition <input type="checkbox"/>	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY - ST - ZIP			6.4 CITY - ST - ZIP				

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 its 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 in an attachment with an address.

SIGNATURE: _____ OVIDIO MIJARES 33057 (305) 273-9442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)