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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000055826

1. Corporation Name

UNION ONE MORTGAGE CORPORATION

Principal Place	of Business	Ma	iling Address				- I (COMOCO ISSE (COLOR COLOR EGAN) GRAN COLOR COLOR ISSUE INDIVIDUAL PROPERTIES	
10250 SW 56TH			250 SW 56TH STREET					
#A102		A-102						
MIAMI FL 33165 MIAMI FL 33165		AMI FL 33165				DO NOT WRITE IN THIS SPACE	٦	
US						3. Date incorporated or Qualifed 07/19/1995		
2. Principal Pla	ace of Business	2a.	Mailing Address				4. FEI Number Applied For	
21		26					65-0595778 Not Applicable	1
. Suite, Apt. i	‡, etc.	 	Suite, Apt. #, etc.				5. Certificate of Status Desired 5. Status Desired 5. Certificate of Status Desired	1
22	_	27					5. Certificate of Status Desired Fee Required	1
City & State			City & State				6. Election Campaign Financing \$5.00 May Be	l
23		28					Trust Fund Contribution Added to Fees	1
Zip	Country	Ц	Zip	_ Co	untry		8. This corporation owes the current year Intangible	
24	25	29		30	,		Personal Property Tax.	4
	9. Name and Address of Current	Regis	tered Agent		104		10. Name and Address of New Registered Agent	┨
L#I 1A	DEC AMBIA				81	Name	•	ļ
	res, ovidio SW 149TH CT				82	Street Addr	ress (P.O. Box Number is Not Acceptable)	٦
								4
MIAN	II FL 33185				83	Į		l
		٠.			84	City	E 85 Zip Code	1
44 Durayant t	a the provisions of Sections 607 0502	and 6	07 1508 Florida Statut	tes the	boye	 e-named com	poration submits this statement for the purpose of changing its registered	1
office or re	printered agent, or both 'in the State C	of Floric	ta. Such change was a	authonze	a bv	the corporation	ion's board of directors. I hereby accept the appointment as registered	
agent. I ar	n familiar with, and accept the obligati	ions ot,	, Section 607.0303, FIG	onua sia	lutes	i.		
SIGNATURE .	Signature, typed or printed name of registered agent	and title	if applicable. (NOTE	E: Registere	d Åger	nt signature require	ed when reinstating) DATE	İ
12.	OFFICERS ANI			13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12]
TITLE	PD		DELETE	1.11	ITLE		Change Addition	- 1
NAME	MIJARES, OVIDIO					ì		1
STREET ADDRESS				1.21	AME	I		ļ
J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	4200 S.W. 149TH COURT					TADORESS		
CITY.ST.ZIP	4200 S.W. 149TH COURT			1.3 8		1		
CITY-ST-ZIP	MIAMI FL S		☐ DELETE	1.3 5	TREE	1	☐ Change ☐ Addition	
TITLE	MIAMI FL S		☐ DELETE	1.3 S 1.4 S 2.1 T	TREET	1	☐ Change ☐ Addition	
TITLE NAME	MIAMI FL S MIJARES, OVIDIO S		□ DELETE	1.3 \$ 1.4 \$ 2.1 T 2.2 \$	TREET TITLE TAME	T-ZIP	☐ Change ☐ Addition	
NAME STREET ADDRESS	MIAMI FL S MIJARES, OVIDIO S 10680 SW 60TH STREET		□ DELETE	1.35 1.45 2.17 2.27 2.35	TREET OTY-S TITLE NAME STREET	T-ZIP	☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	MIAMI FL S MIJARES, OVIDIO S		☐ DELETE	1.35 1.45 2.11 2.28 2.33 2.4	TREET OTY-S TITLE NAME STREET	T-ZIP	☐ Change ☐ Addition☐ Change ☐ Change ☐ Addition☐ Change ☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Change ☐ Addition☐ Change ☐ Change ☐ Change ☐ Addition☐ Change ☐ Cha	
NAME STREET ADDRESS CITY-ST-ZIP	MIAMI FL S MIJARES, OVIDIO S 10680 SW 60TH STREET			1.3 \$ 1.4 \$ 2.1 1 2.2 \$ 2.3 \$ 2.4 \$ 3.1 1	CITY-S TITLE NAME STREET CITY-S	T-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MIAMI FL S MIJARES, OVIDIO S 10680 SW 60TH STREET			1.3 \$ 1.4 6 2.1 1 2.2 4 3.1 1 3.2 1 3.3 3	TITLE JAME STREE TITLE LAME STREE VAME STREE STREE	T-ZIP T ADDRESS ST-ZIP T ADDRESS		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI FL S MIJARES, OVIDIO S 10680 SW 60TH STREET		☐ DELETE	1.3 \$ 1.4 \$ 2.1 1 2.2 \$ 2.3 \$ 2.4 \$ 3.1 1 3.2 \$ 3.4 \$ 4.1 1 4.2 \$ 4.3 \$ 4.4 4	STREET TITLE NAME STREET CITY-STITLE NAME CITY-STITLE NAME STREET CITY-STITLE NAME NAME	T.ZIP TADORESS ST.ZIP TADORESS ST.ZIP TADORESS	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MIAMI FL S MIJARES, OVIDIO S 10680 SW 60TH STREET		☐ DELETE	1.3 \$ 1.4 6 2.1 1 2.2 2 2.3 3 2.4 4 3.1 1 3.2 2 3.4 4 4.1 1 4.2 2 4.3 3 4.4 4 5.1 1 5.2 2	TITLE NAME STREET TITLE NAME NAME	T.ZIP TADORESS ST.ZIP TADORESS ST.ZIP TADORESS	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MIAMI FL S MIJARES, OVIDIO S 10680 SW 60TH STREET		☐ DELETE	1.3 \$ 1.44 2.11 2.27 2.33 2.4 3.11 3.27 3.34 4.11 4.2 4.33 4.44 5.17 5.21	TITLE NAME STREET TITLE NAME NAME	T ADORESS ST - ZIP Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI FL S MIJARES, OVIDIO S 10680 SW 60TH STREET		☐ DELETE	1.3 S 1.4 S 2.1 T 2.2 P 2.3 S 2.4 S 3.1 T 3.2 P 3.3 S 3.4 S 4.1 S 5.1 S 5.2 S 5.3 S 5.4 S 5.4 S 5.5 S 5.5 S 5.6 S 5.7 S 5.	CITY-STITLE NAME STREET TITLE NAME STREET TITLE NAME STREET NAME STREET NAME NAME STREET NAME STREET NAME STREET NAME STREET NAME	T ADORESS ST - ZIP Change Addition		
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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 supplier 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 once attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-\$T-ZIP