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PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000062270 (0)

FIRENZE TRUST MORTGAGE CORPORATION

FILED Apr 02 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 100 WESTWARD DRIVE 100 WESTWARD DRIVE MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/10/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0601667 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. 30 g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SAAVEDRA, ALDO L 100 WESTWARD DRIVE Street Address (P.O. Box Number is Not Acceptable) MIAMI SPRINGS FL 33166 **R3** 84 City 85 Zip Code 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. It hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change SAAVEDRA, ALDO NAME 1.2 NAME 100 WESTWARD DRIVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI SPRINGS FL 33166 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE DST 2.1 TITLE SAAVEDRA, ELSA L NAME 2.2 NAME **100 WESTWARD DRIVE** STREET ADDRESS 23 STREET ADDRESS MIAMI SPRINGS FL 33166 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change **Addition** TITLE 3.1 TITLE ROBERTO WOLFF 2555 Collins Ave. NAME 3.2 NAME # 2408 STREET ADDRESS 3.3 STREET ADDRESS Miami Beach, 33140 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE 6.1 TITLE ☐ Change NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(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 feceiver or irustee 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 interpment with an address.