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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9500066625 (1)

HOME LOANS - USA, INC.

FILED Feb 12 1997 8:00am Secretary of State



	(f)	44 11 4 4 4 4							13 BUILD 1184		
Principal Place i 8249 NW 36 STI		Mailing Addres									
MIAMI FL 33168		MIAMI FL 33166-0073									
						3. Date incorporated or Qualifi 08/29/1995	ied 3		of Last R	eport	
2. Principa' Pla		2a. Mailing Add				4. FEI Number	t,	V	/	plied For	
7225	NW 25 51. #	1,210 26 5	AME			65-0603643				t Applicable	
Suite, Apl. #,		Suite, Apt.'4	f, etc.			5. Certificate of Status Desired	, C]	•	Additional equired	
City & State MINMI, F.C.		City & State	City & State			Election Campaign Financin Trust Fund Contribution	-	\$5.00 May Be Added to Fees			
Zip a n	22 Country 22 US P	Zıp		Country	<u></u>	8. This corporation has liability	for intar	ngible ta	x under s		
4 33%	25 09	1-71	30	<u> </u>		Florida Statutes		es 🔼			
	y, Marite and Address of C	urrent Registered Agent		81	Name	10. Name and Address of Nev	w regist	tereo Ag	erit		
	NEZ, THANIA				140/110						
	NW 36 STREET #201 II FL 33166			82		ress (P.O. Box Number is Not Acce 00 らい より	eptable)	RT			
				83							
				84	City				es Zin	Code	
		_		11	1	IRAMAR		FL	" 25	Code <i>3 0,2.9</i>	
11. Pursuant to	the provisions of Sections 60	7.0507 and 607.1508, Flor	ida Statutes,	the above	named corp	poration submits this statement for	the purp	ose of cl	nanging il	s registered	
agent Fam	distored about, or both, in the life accept the	obligations of Section 60	7.0505, Floric	ia Statutes	tise corbora	poration submits this statement for tion's board of directors. I hereby a	iccept til	ie abbon	innentas	registered	
•	Maria	171211	11								
CONTINUE			~ \ _								
	Igrature, typed or printed hame of registe	n Vagy it and tille if applicable.	(N) E FI	legistered Ager	nt signature requi	ired when reinstating)		DATE			
5	OFFICER	ny Agy it and tille if applicable. S AND DIRECTORS	(N) E F	egislered Agei	nt signature requi	red when reinstating) ADDITIONS/CHANGES TO O		S AND D		RS IN 12	
S S	OFFICER PD	S AND DIRECTORS	(N) TE F		nt signature requi			S AND D	IRECTOR Change		
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SIGNATURE:

NATURE AND TYPED OR PRINTED NAMEOUS SUNING OFFICER OF DIRECTOR

76/97 305-471-4400 Date Davime Phone #