PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000067164

1. Corporation Name

PACIFIC INTERNATIONAL MORTGAGE, INC.

Principal Place	of Business	Mailin	ng Address				_	i i senda n den ibnör engi nagni nemi	######################################		FIE BINN BIRK HER
· '	E BLVD., STE. 402		BISCAYNE BLVD., S	TE 402							
MIAMI FL 33161			MIAMI FL 33161				***************************************		00405		
							<u> </u>	DO NOT WRITE	IN THIS	SPACE	
							3.	Date Incorporated or Qualifed			
		1 0 14	-11: 6 . 6 . 1 . 1				-	08/30/1995 FEI Number		T 1	Applied For
<u> </u>	ace of Business	├	ailing Address				4.	65-0608176		L	Not Applicable
21	4	26	uite, Apt. #, etc.				-	03-0006170			Additional
Suite, Apt.	#, etc.	27	uite, Apt. #, etc.				5.	Certifcate of Status Desired		,	Required
City & State			ity & State				- 6	. Election Campaign Financing		\$5.0	O May Be
23	•	28	.,				"	Trust Fund Contribution		-	d to Fees
Zip	Country	Zi	ip	Coun	ntry		8.	. This corporation owes the currer	nt year Inta	angible	
24	25	29		30				Personal Property Tax.		Yes	□No
<u>1</u>	9. Name and Address of Curr	ent Register	ed Agent				10.	. Name and Address of New Re	gistered /	Agent	
				_	81	Name					
	PORATION SERVICE COMPAN	łΥ			82	Street Add	iress (F	P.O. Box Number is Not Acceptab	le)	•	
	HAYS STREET										
TALL	AHASSEE FL 32301-2525				83						
1				H	84	City				85 Zi	p Code
						•			<u> </u>	1	
11. Pursuant	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	502 and 607.	1508, Florida Statut	es, the ab	ove-r	named corp	poratio	on submits this statement for the property of directors. I hereby accept	urpose of o	changing	its registered
office or re agent. Lar	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. gations of, Se	such change was a ection 607.0505, Flo	rida Statu	ites.	e corporati	.1011 5 101	loand of directors. Thereby accept	aic appoi	idiloik as	rogiatoro
SIGNATURE	•	-									
SIGNATORE	Signature, typed or printed name of registered a	gent and title if ap	olicable (NOTE	: Registered A	8 4 -:	ionature recuir	red when	reinstating)	DATE		
12.			,		Agent Si	agriature requir					TO DO 111.40
<u> </u>		AND DIRECT	ORS	13.	••••	agrature requir		ADDITIONS/CHANGES TO OFFI			
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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 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 chapted, or an anattachment with an address, with all other like empowered.

FR OR DIRECTOR

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

305-891-7987

FILED

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90159 001 *3,908.75