

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90051 014 ***150.00

DOCUMENT # P95000068912

1. Corporation Name
COMMERCE MORTGAGE, CORP.

Principal Place of Business
7270 NW 12 ST.
#761
MIAMI FL 33126

Mailing Address
7270 NW 12 ST.
#761
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/13/1995

4. FEI Number

65-0607082

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1110 BRICKELL AVE

Suite, Apt. #, etc.

22 #502

City & State

23 MIAMI, FLORIDA

Zip

24 33131

Country

25 DADE

2a. Mailing Address

26 1110 BRICKELL AVE

Suite, Apt. #, etc.

27 #502

City & State

28 MIAMI, FLORIDA

Zip

29 33133

Country

30 DADE

9. Name and Address of Current Registered Agent

SANCHEZ, JUSTIN
8215 N.W. 192 TERRACE
MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name

JUSTIN SANCHEZ

82 Street Address (P.O. Box Number is Not Acceptable)

888 BRICKELL KEY DR. APT #902

83

MIAMI FL 33131

84 City

MIAMI FL 33131 FL

85 Zip Code

33131

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS
NAME SANCHEZ, JUSTIN
STREET ADDRESS 9457 NW 47 TERR
CITY-ST-ZIP MIAMI FL 33178
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME JUSTIN SANCHEZ
1.3 STREET ADDRESS 888 BRICKELL KEY DR. APT #902
1.4 CITY-ST-ZIP MIAMI, FLA. 33131
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 changed, or in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-19-99 305-379-9797

0221091

CR2E034 (11/98)