

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000077275 (2)

1. Corporation Name

CAPITAL HOME LOAN MORTGAGE CORP.



Principal Place of Business

Mailing Address

C/O MR. CARLOS REYES
2408 SW 23RD ST
MIAMI FL 33145

C/O MR. CARLOS REYES
2408 SW 23RD ST
MIAMI FL 33145

2. Principal Place of Business

2a. Mailing Address

21 10689 N. KENDALL DR. #

26 10689 N. KENDALL DRIVE

4. FEI Number

65-0620950

3a. Date of Last Report
10/09/1995

22 Suite, Apt. #, etc 307

27 Suite, Apt. #, etc 307

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 City & State
MIAMI, FL.

28 City & State
MIAMI, FLA.

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

24 33176

25 DADE

29 33176

30 DADE

8. This corporation has liability for intangible tax under s. 193.032
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REYES, CARLOS
2408 SW 23RD ST
MIAMI FL 33145

81 Name

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

83

84 City

FL

85 Zip Code

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 of individual person named as registered agent (and the applicable)

(NOTE: Registered Agent signature required when reappointing)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME REYES, CARLOS
STREET ADDRESS 2408 SW 23RD ST
CITY-ST-ZIP MIAMI FL 33145

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11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
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31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

Carlos Reyes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/96

(305) 596-6399

Date

Telephone #

CR2E034 (3/96)