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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P95000077275 (2) DOCUMENT #

CAPITAL HOME LOAN MORTGAGE CORP.

**FILED** May 18 1998 8:00am Secretary of State

Zip Code

Principal Place of Business Mailing Address				(4912   1911   1985  9111   1991	
C/O MR. CARLOS REYES 10689 N. KENDALL DR. #307 MIAMI FL 33176	C/O MA. CARLOS REYES 10689 N. KENDALL DR. #307 Miami Fl 33176 US		DO NOT WRITE IN THIS SI	PACE	
U\$			<ol> <li>Date Incorporated or Qualified</li> <li>10/09/1995</li> </ol>		
2. Principal Place of Business	2a. Mailing Address	3		4. FEI Number	Applied For
21	26			65-0620950	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, ek	C.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		, , , , , , , , , , , , , , , , , , ,	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country <b>26</b>	Zip <b>29</b>	30 Cou	ntry	This corporation owes or has paid the curre Personal Property Tax due June 30.	ent year Intangible Yes 🔲 No
Name and Address of Current Registered Agent				<ol><li>Name and Address of New Registered A</li></ol>	gent
REYES, CARLOS			81 Name		
2408 <b>S</b> W 23RD ST MIAMI FL 33145			82 Street Address (P.O. Box Number is Not Acceptable)		

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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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City

SIGNATURE	Signature, typed or printed name of registions agent and title if applicable (Ni	OTL Registered Agent signature req.	uired whon reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE	1.1 DILE	☐ Change ☐ Addition
NAME	REYES, CARLOS	1.2 NAME	
STREET ADDRESS	2408 SW 23RD ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33145	1.4 CHY-ST-ZIP	
TITLE	DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		2.3 STHEET ADDRESS	
CITY-ST-ZIP		2 4 CITY-ST-ZIP	
TITLE	OELETE	3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY - ST - ZIP	
TITLE	☐ DELETE	4.1 TITLE	Change Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY - ST - ZIP	
TITLE	DELETE	6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CHTY-ST-7IP		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 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 on an attachment with an address.